Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

New Agency Provider Enrollment Instructions

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

New Provider Enrollment Instructions

- Anyone becoming a *new* Home Help agency provider
- Register for Single Sign On and CHAMPS
- Fill out the New Provider Enrollment Application
- Track Your Application

***Have paper and a writing utensil nearby

*****You must complete the application within 30 days of beginning it**

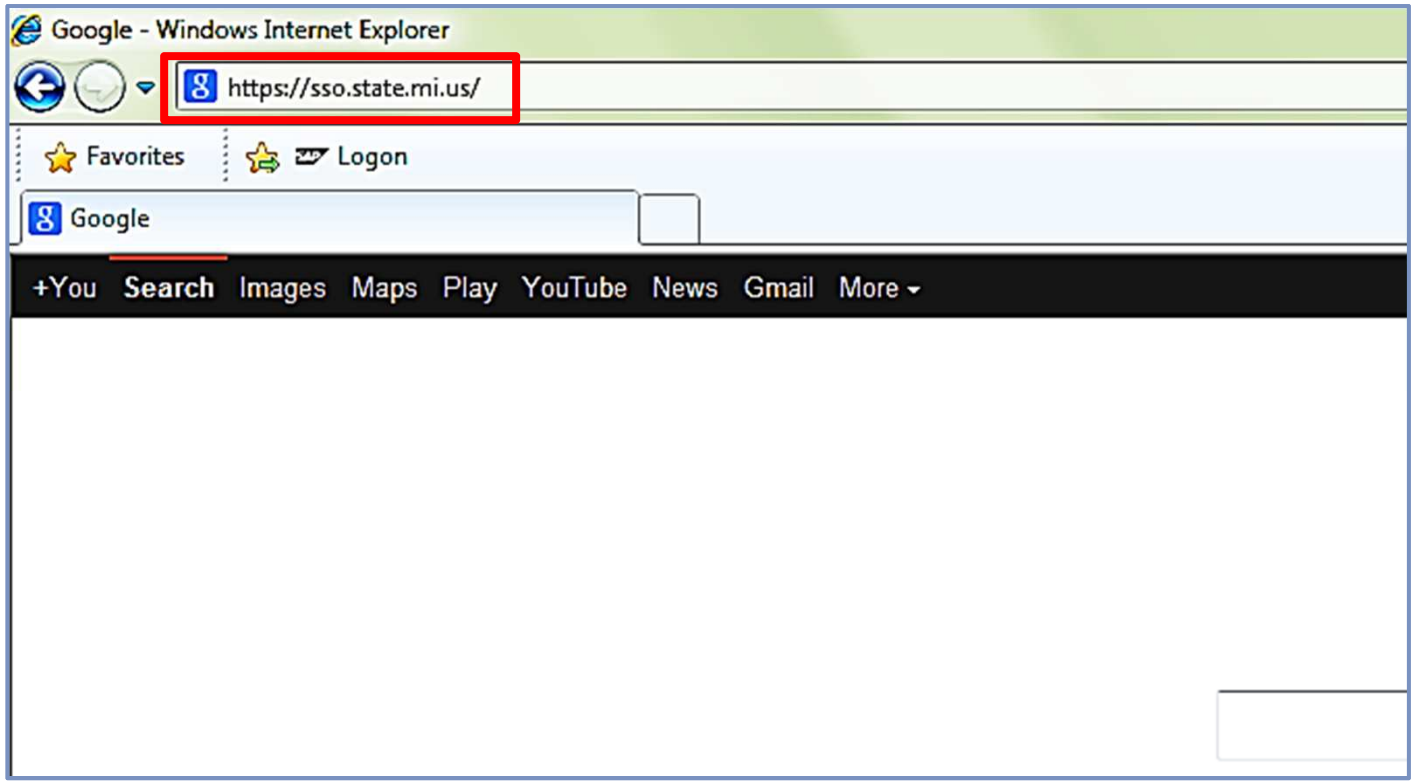
Call the Provider Support Helpline if you need assistance:
1-800-979-4662

Register for Single Sign On and CHAMPS

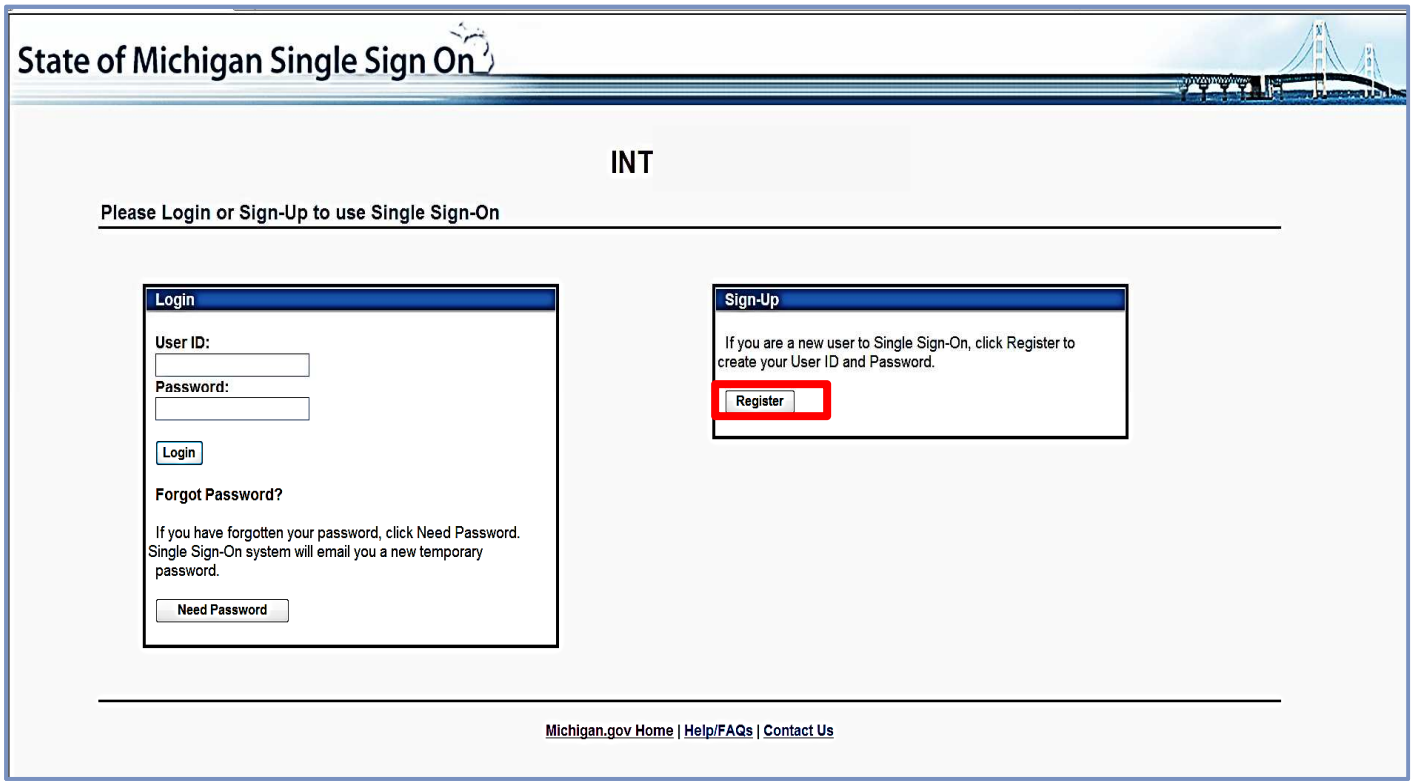
Single Sign On is a website that allows a user to enter one name and password in order to access multiple applications.

CHAMPS is the Community Health Automated Medicaid Processing System. Providers will enroll, update enrollment information, and report services performed in this system.

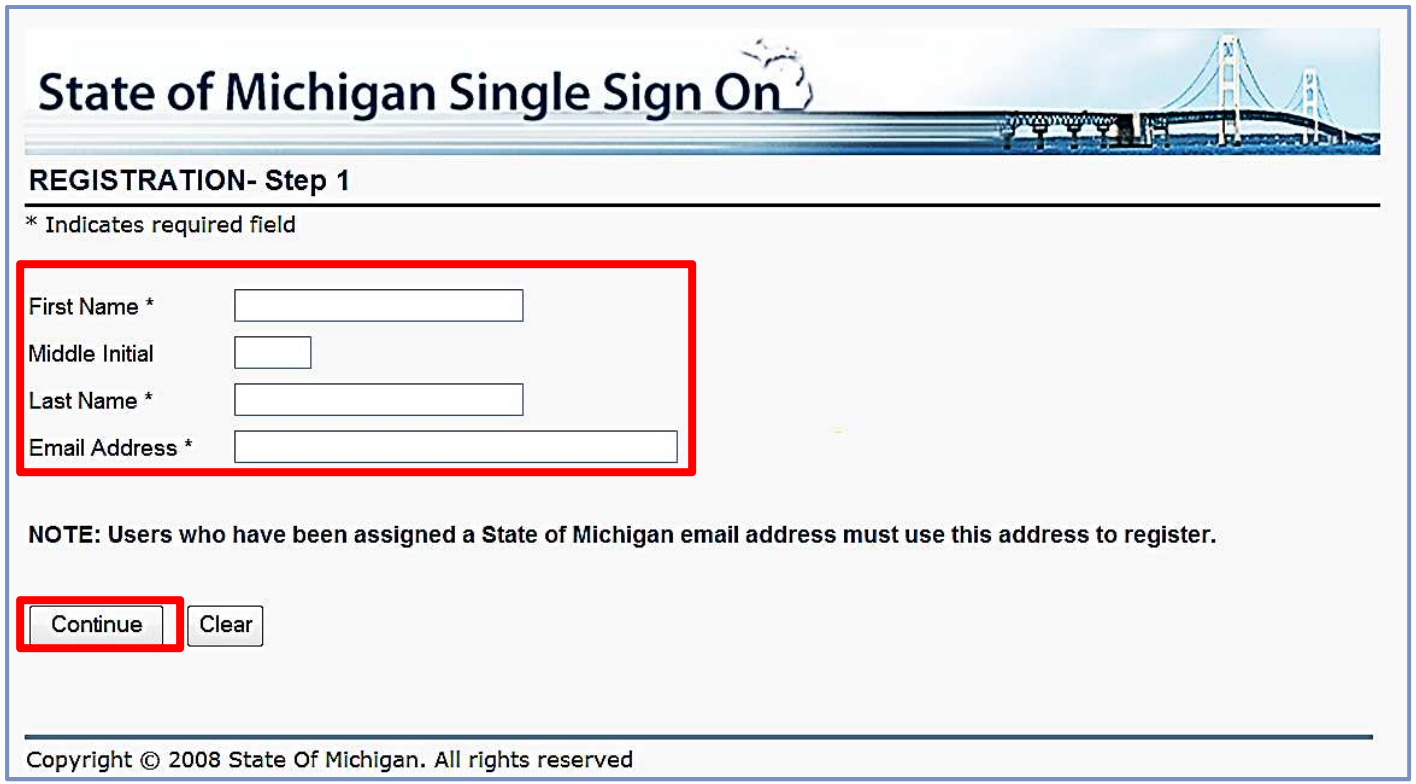
Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.) and type **https://sso.state.mi.us/** into the search bar.



Providers must register a SSO User ID before gaining access to the site. Select the **Register** button from the State of Michigan Single Sign On page.

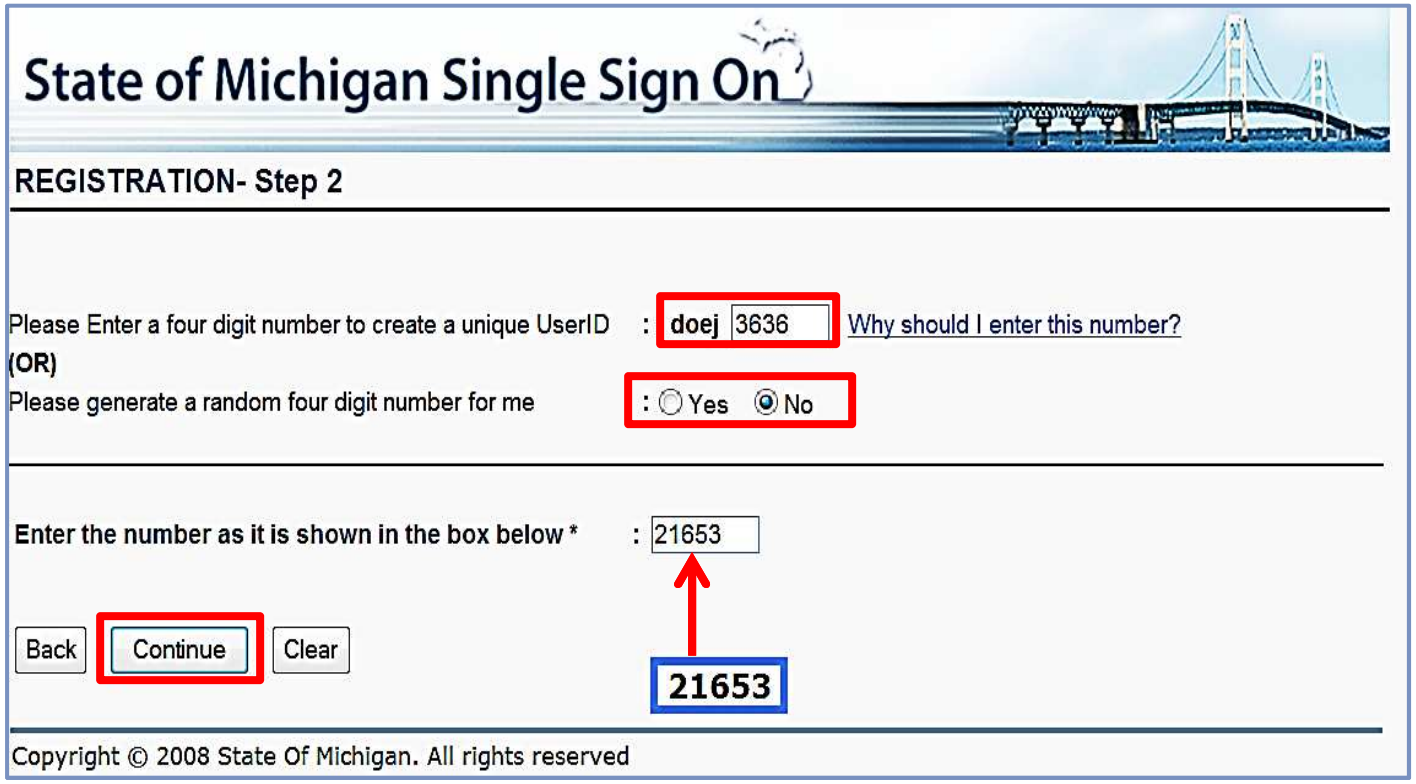


Fill in the required information, indicated by the star (*): *First Name, Last Name, and Email Address*.
Make sure the email address is correct as a temporary password will be sent there.†
Click **Continue**.



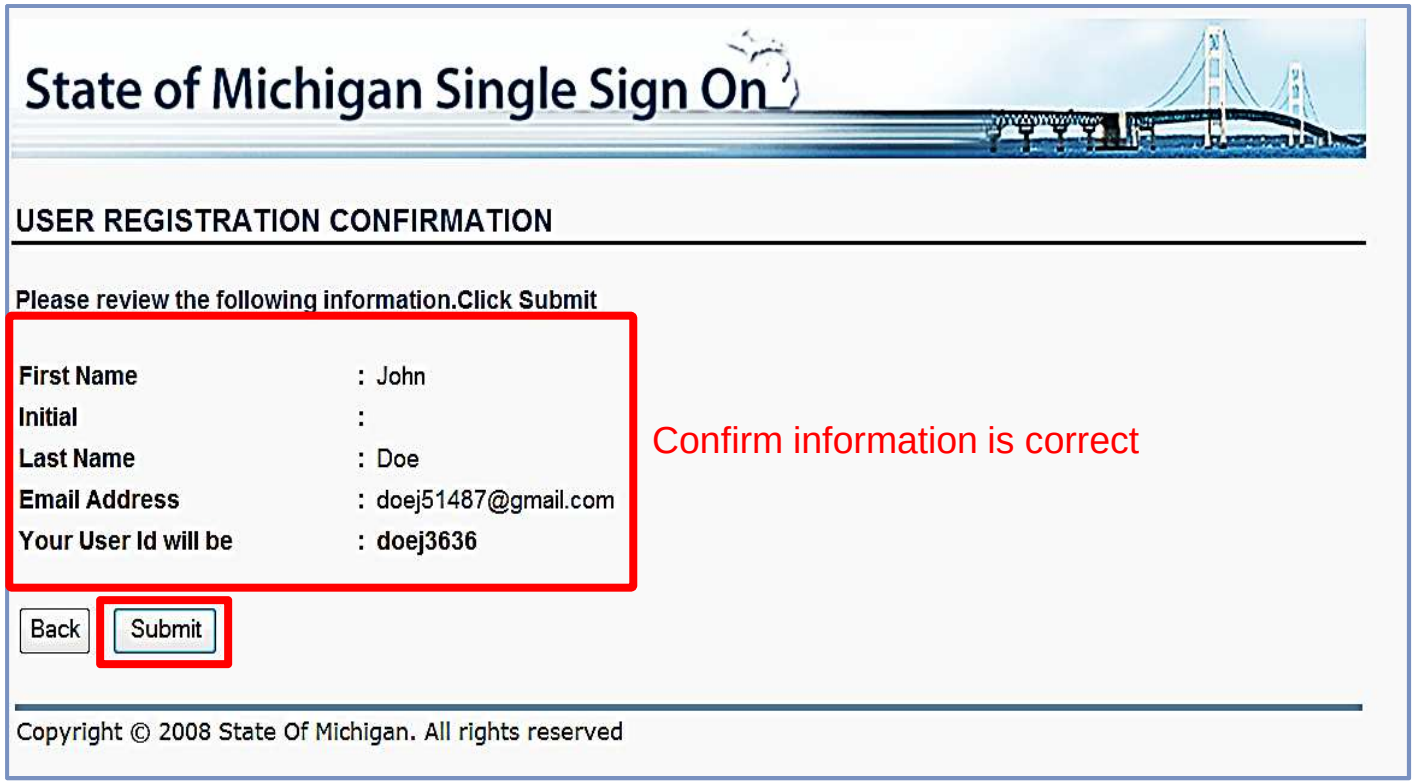
† If you currently do not have an email address, you can create one for free from a number of service providers. A simple internet search for “free email account” will display several options.

Enter a four digit number, or click to allow the system to generate one for you.
Type the number outlined in blue in the empty white box above (this is a security measure).
Click **Continue**.



You will receive a confirmation page as shown below. The information you entered is displayed for review before it is submitted to the SSO system.

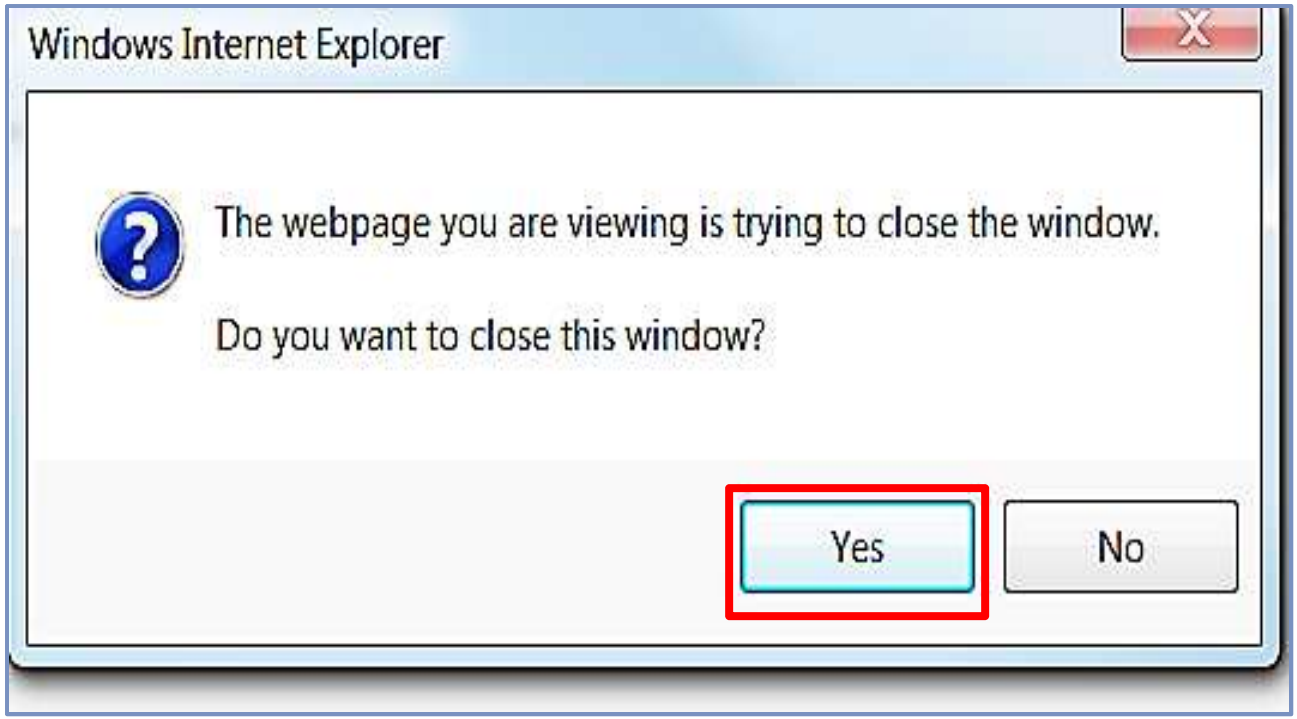
If corrections need to be made, click **Back** and make corrections.
If the information is correct, click **Submit**.



Confirm information is correct

Click **Close** button.

A dialog box identical to the one below will appear.
Click **yes.**

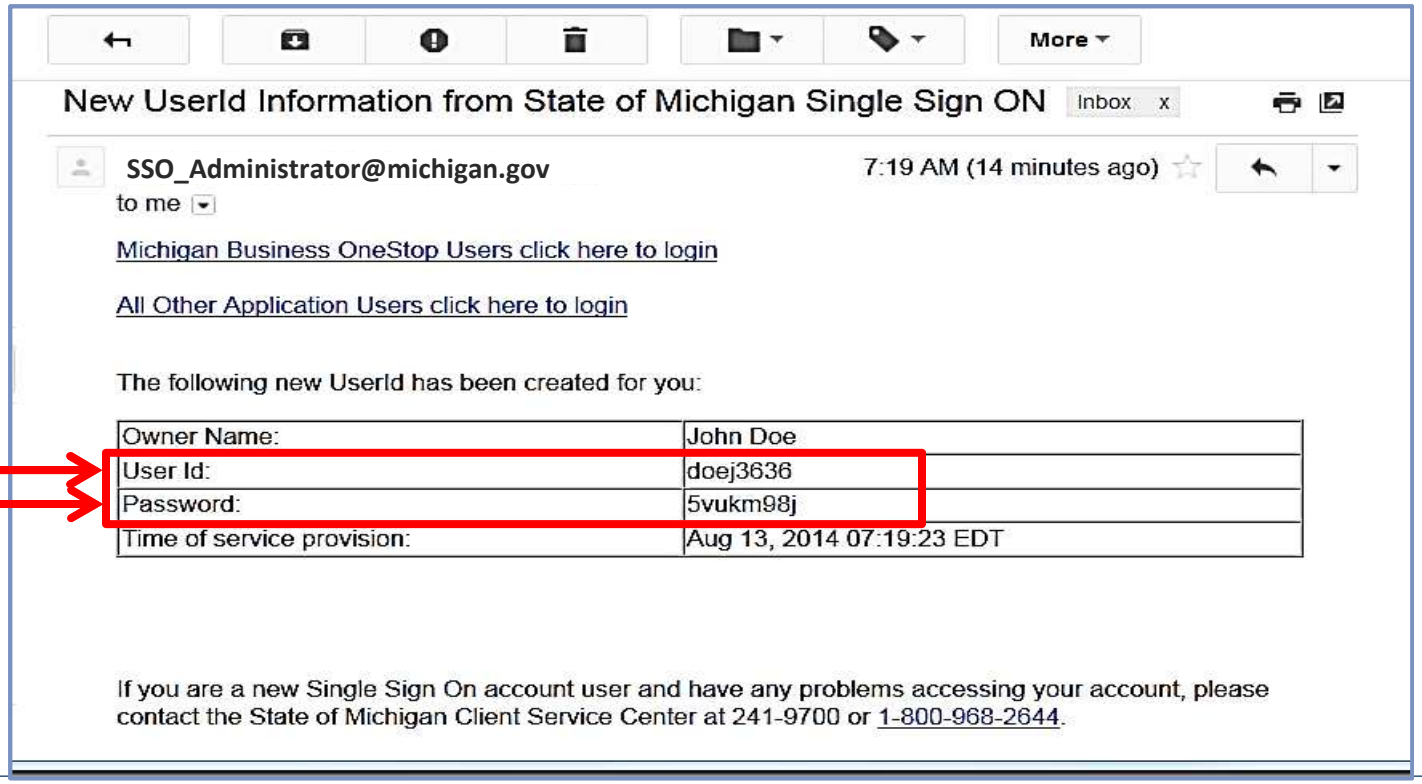


An email will be sent to the email address you supplied in the registration process. Check that email for a message from SSO_Administrator@michigan.gov that includes your **User ID** and **Temporary Password**.

***NOTE: You will only have **48 hours** to use the temporary password before it expires.

***NOTE: You may need to check your **Junk** or **SPAM Mail** folders as sometimes this email will be sent there instead of your inbox. Please make sure your email will allow you to receive emails from **SSO_Administrator@michigan.gov.**

***All user accounts are created with a temporary password that can only be used once and *must* be used within the **48 hour** time frame.

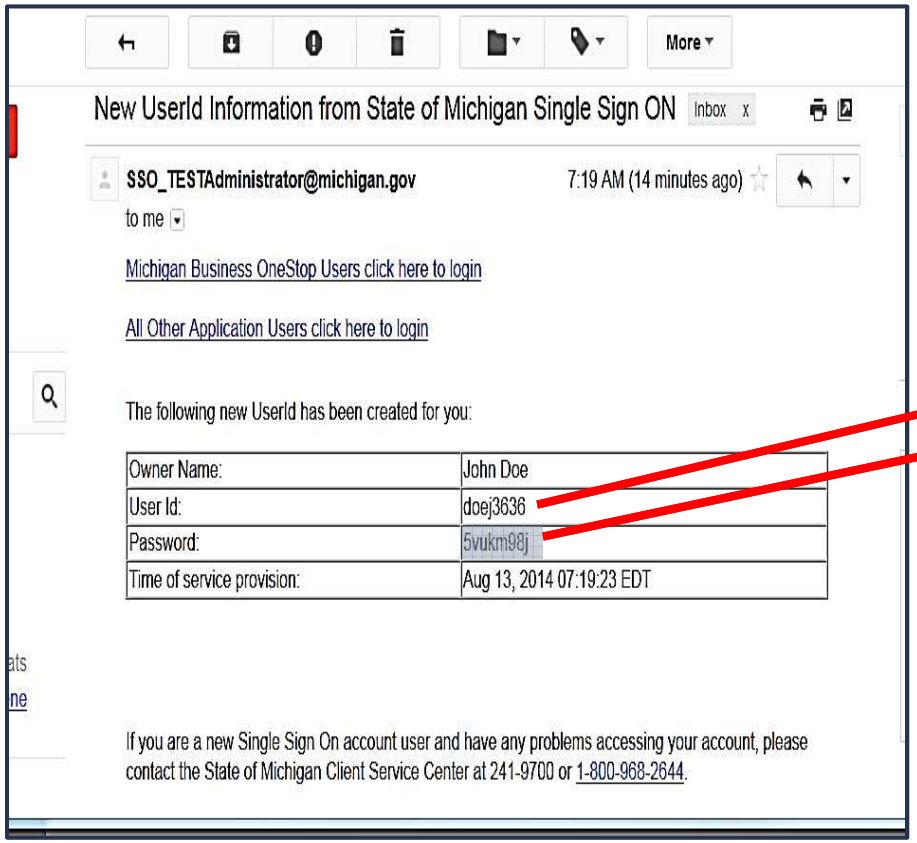


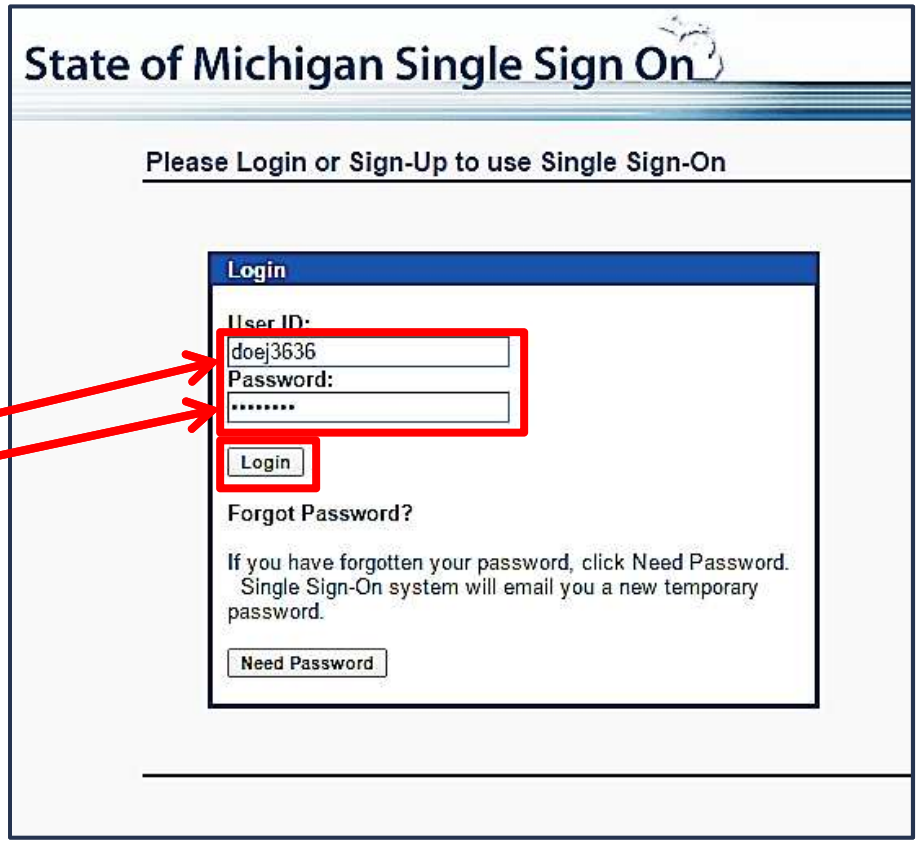
The email includes a link back to the SSO login page to change the password.
Click the **All Other Application Users click here to login** link.

***NOTE: If the link is broken or does not direct you back to the SSO login (see next step), enter **https://sso.state.mi.us/** into the search bar of your web browser.

Enter your User ID and temporary password in the corresponding boxes in the SSO login. Click **Login.**

***NOTE: **Highlight** your temporary password from the email by double-clicking on it, **right click** on the **highlighted** password, and select **copy** from the menu. Then **right click** the password box in SSO and select **paste** from the menu.

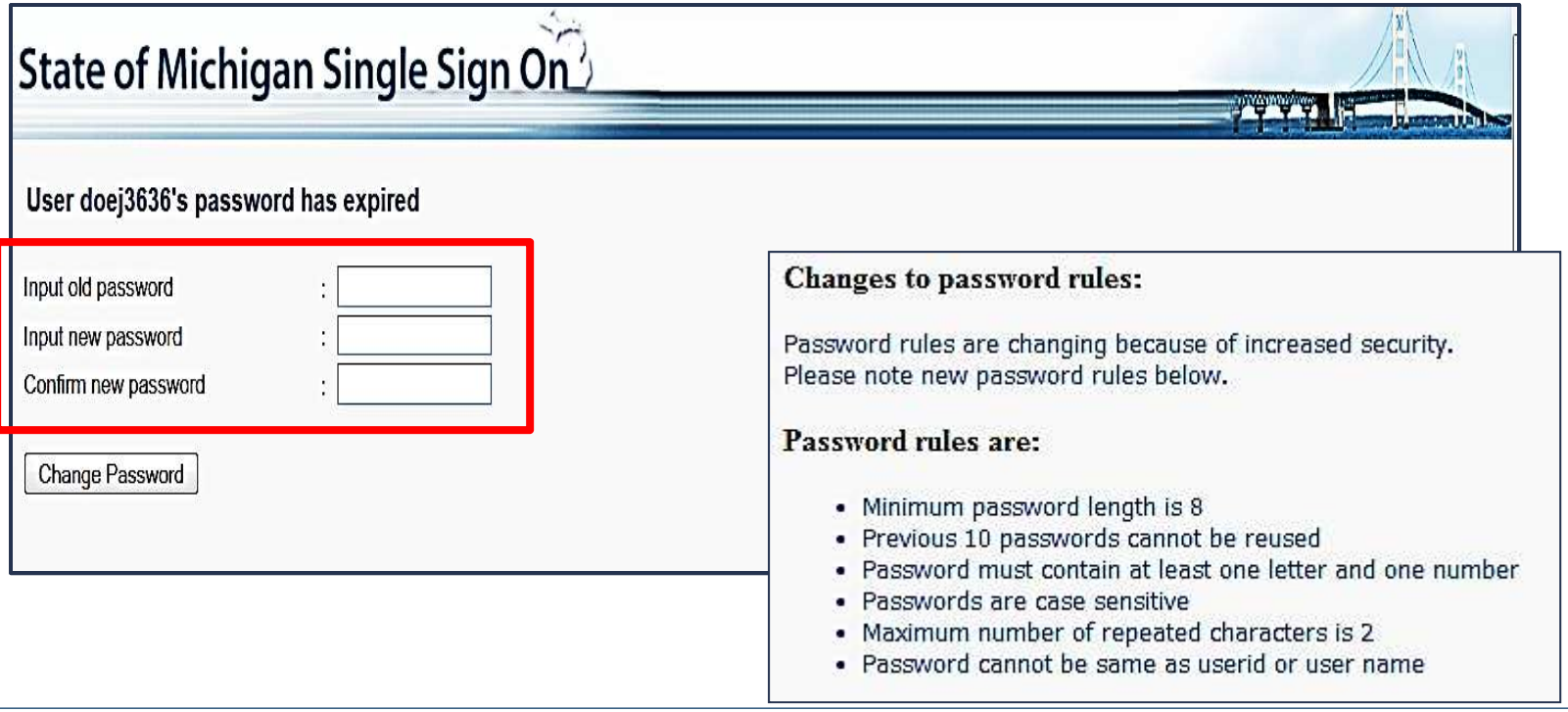




Because the password is temporary, you will be informed the password has “expired” and will be prompted to change it.
Copy and paste the old password in the corresponding box.
Choose a new password and enter it in the two corresponding boxes.
Click **Change Password.**

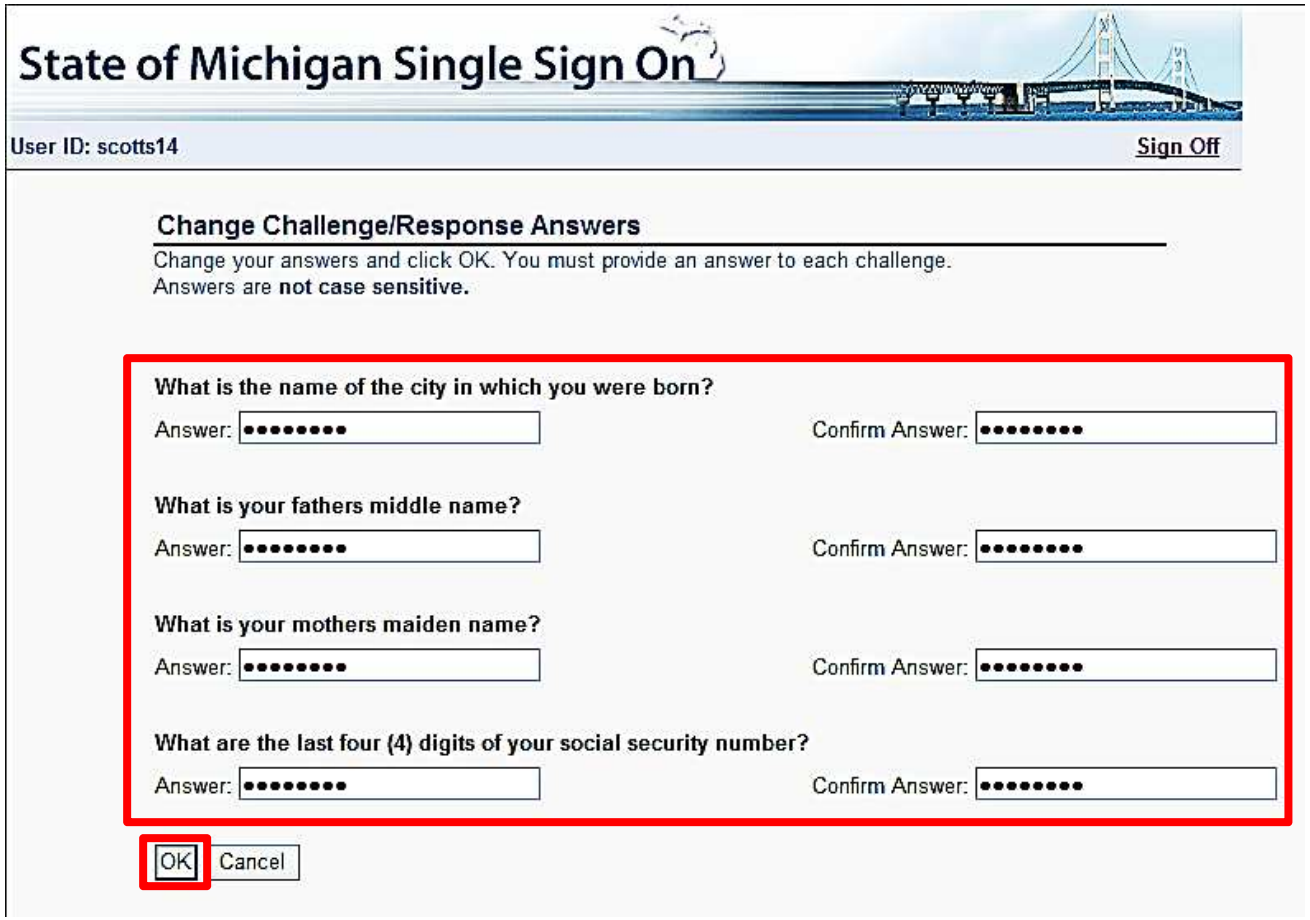
***NOTE: The password is *upper- and lower-case sensitive,* so be sure to enter it correctly both times (e.g. “PassWord11” is different than password11).

***NOTE: Passwords will only be accepted if they abide by *all* of the password rules listed on this page.

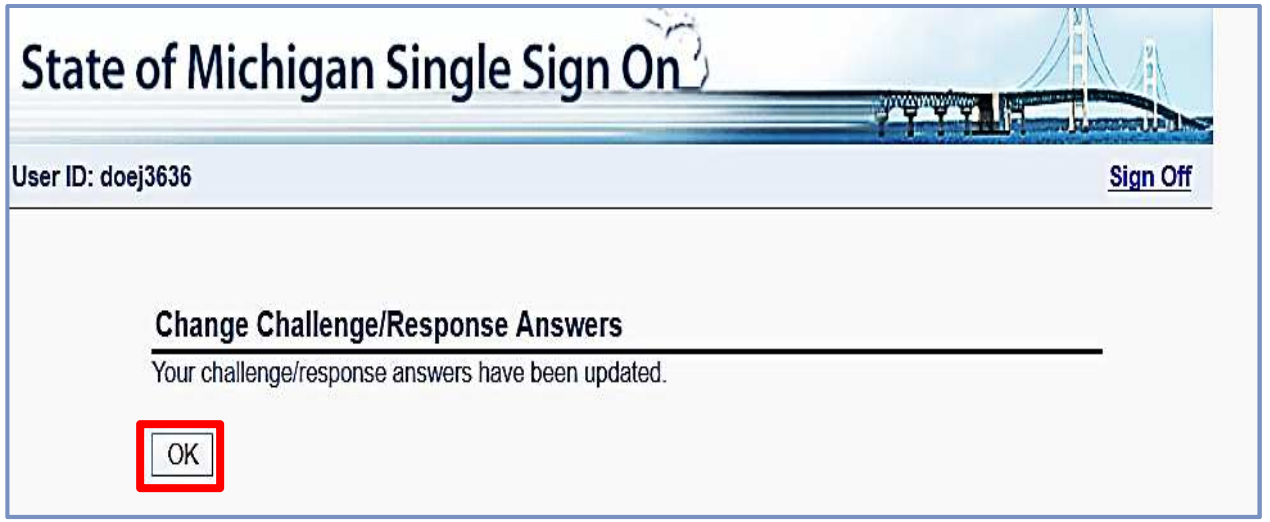


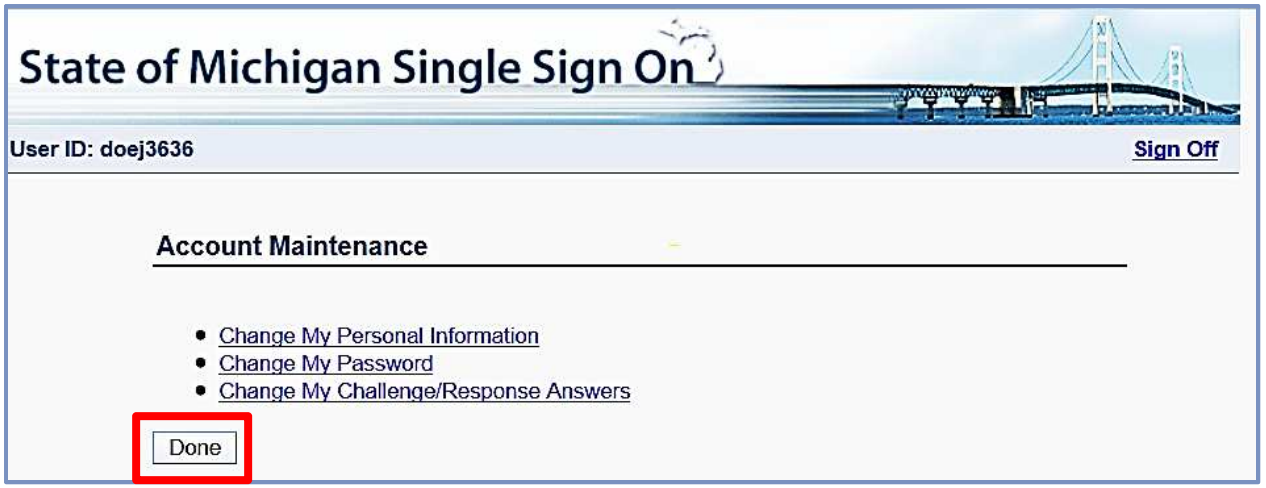
You will be taken to a screen with four **Challenge/Response** questions. Answer all four questions and confirm your answers in the second column. Click **OK**.
This allows you to reset your password in the event you forget it in the future.

***NOTE: These answers are *not* case sensitive.



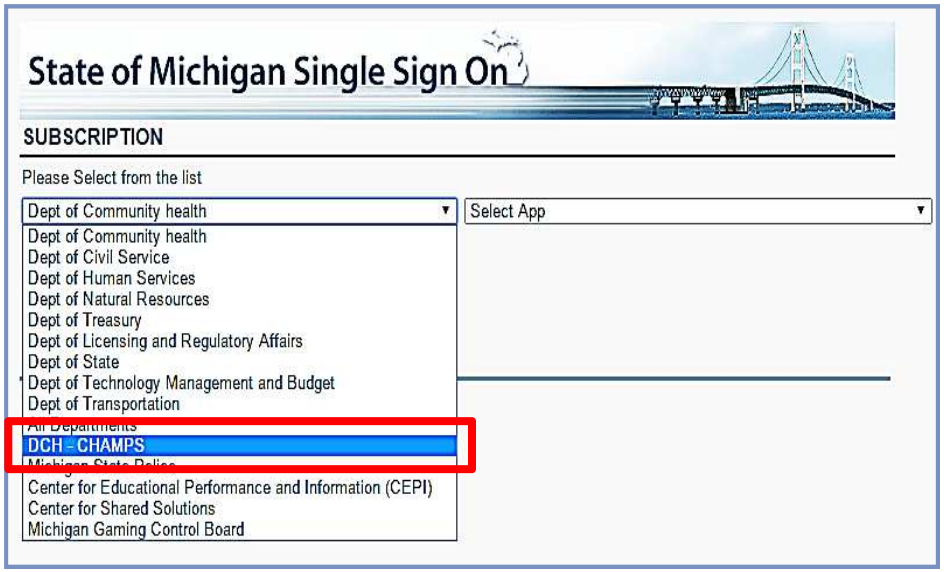
The following screens will be displayed.
Click **OK** on the first.
Click **Done** on the second.
You will be returned to the Application Portal.

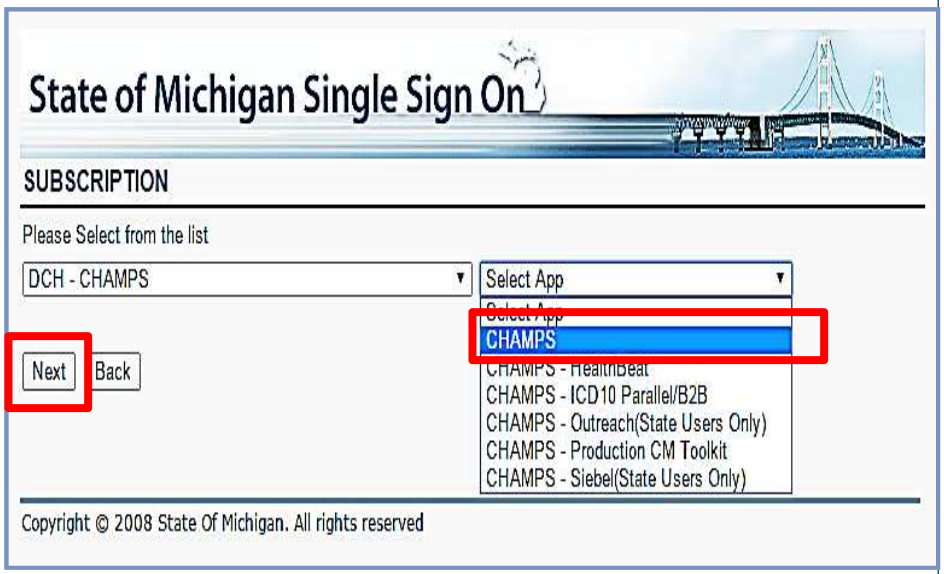




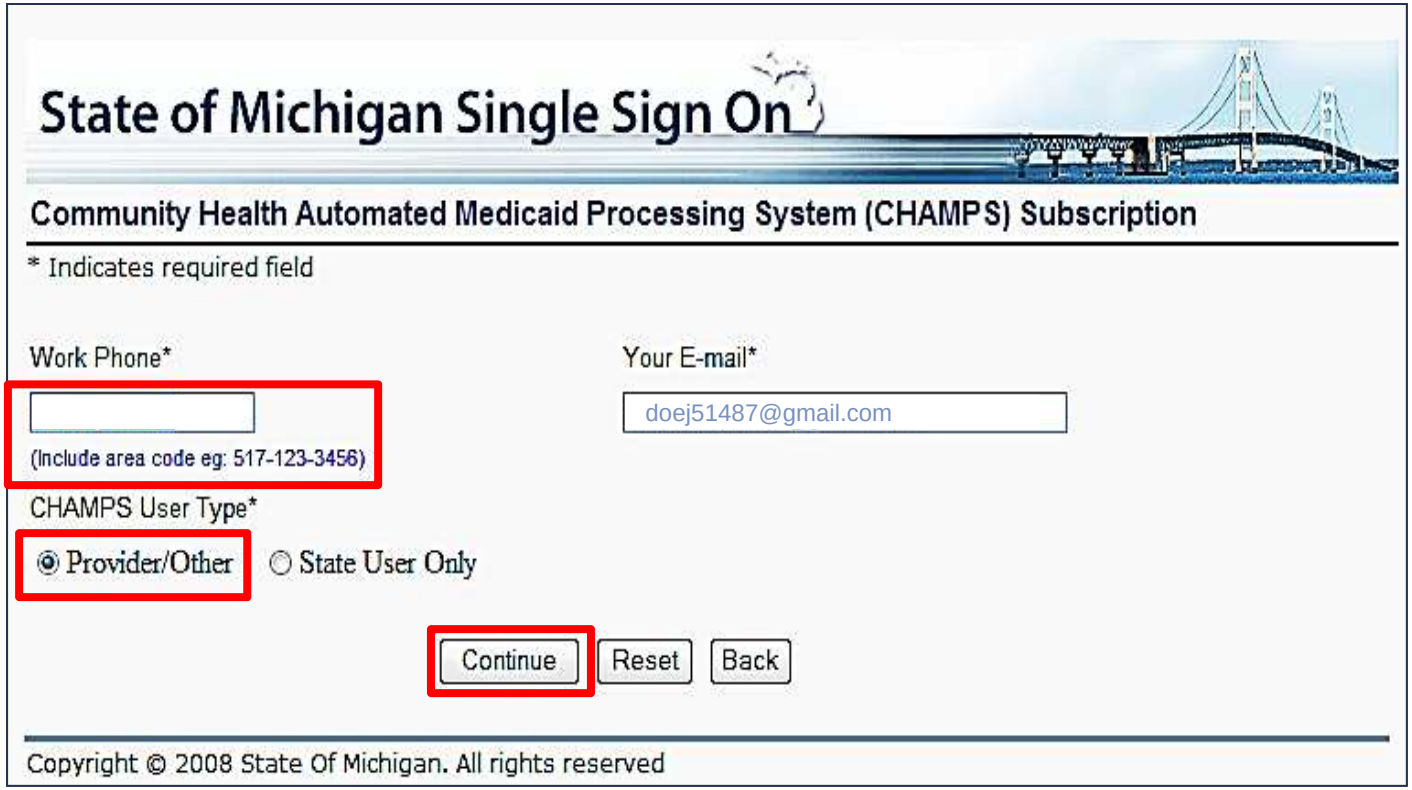
Below is a picture of the Application Portal page.
To subscribe to CHAMPS, click on the **Subscribe to Applications** hyperlink.

Below is a picture of the Subscription page.
From the first drop-down menu, select **DCH-CHAMPS.**
From the second drop-down menu, select **CHAMPS.**
Click **Next.**

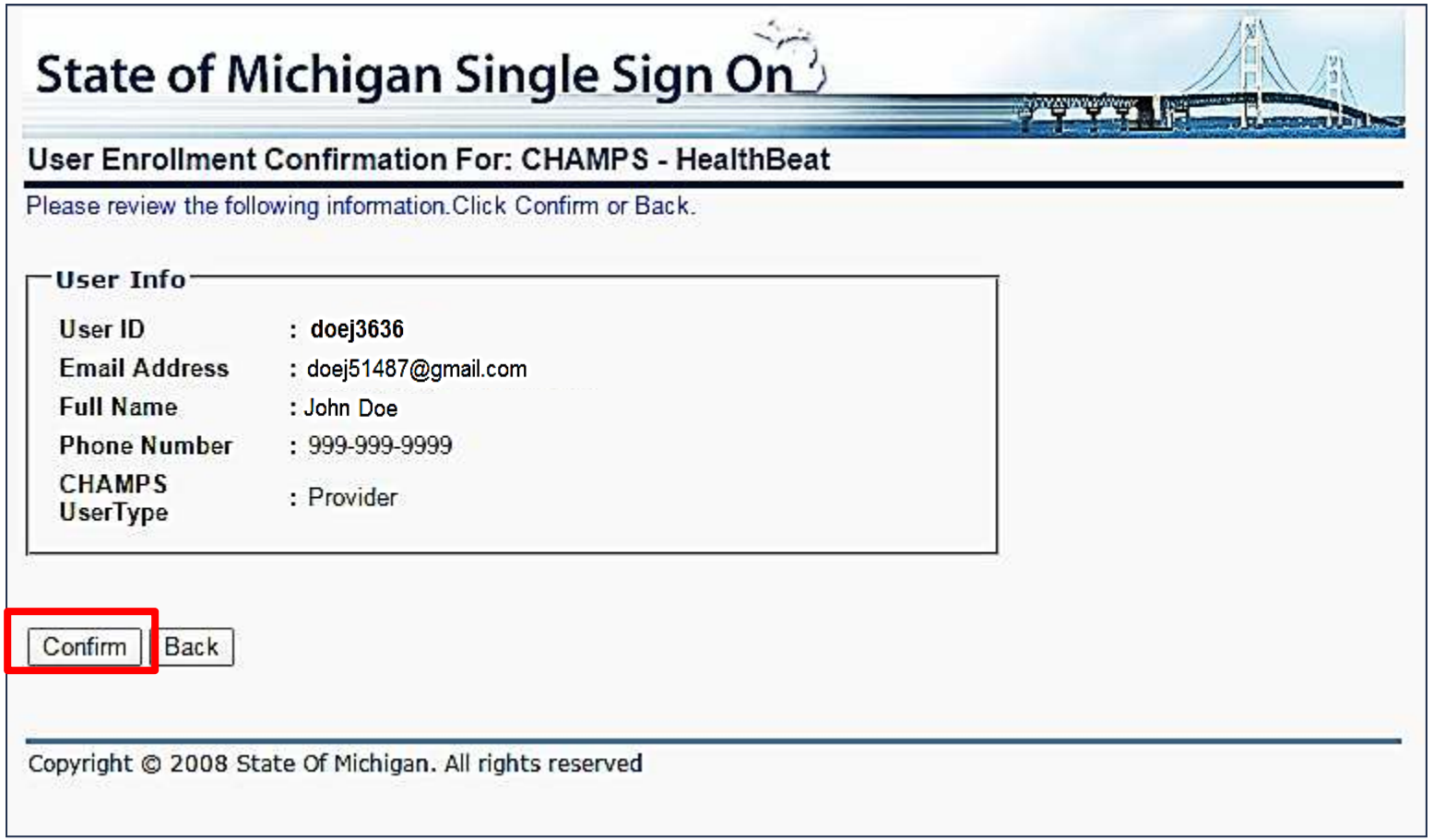




Enter your *agency's phone number*, including the area code and dashes (For example, 123-456-7890)
Choose **Provider/Other** for CHAMPS User Type.
Click **Continue**.



Review the following information.
If anything needs to be changed, click **Back.**
If everything is correct, click **Confirm.**

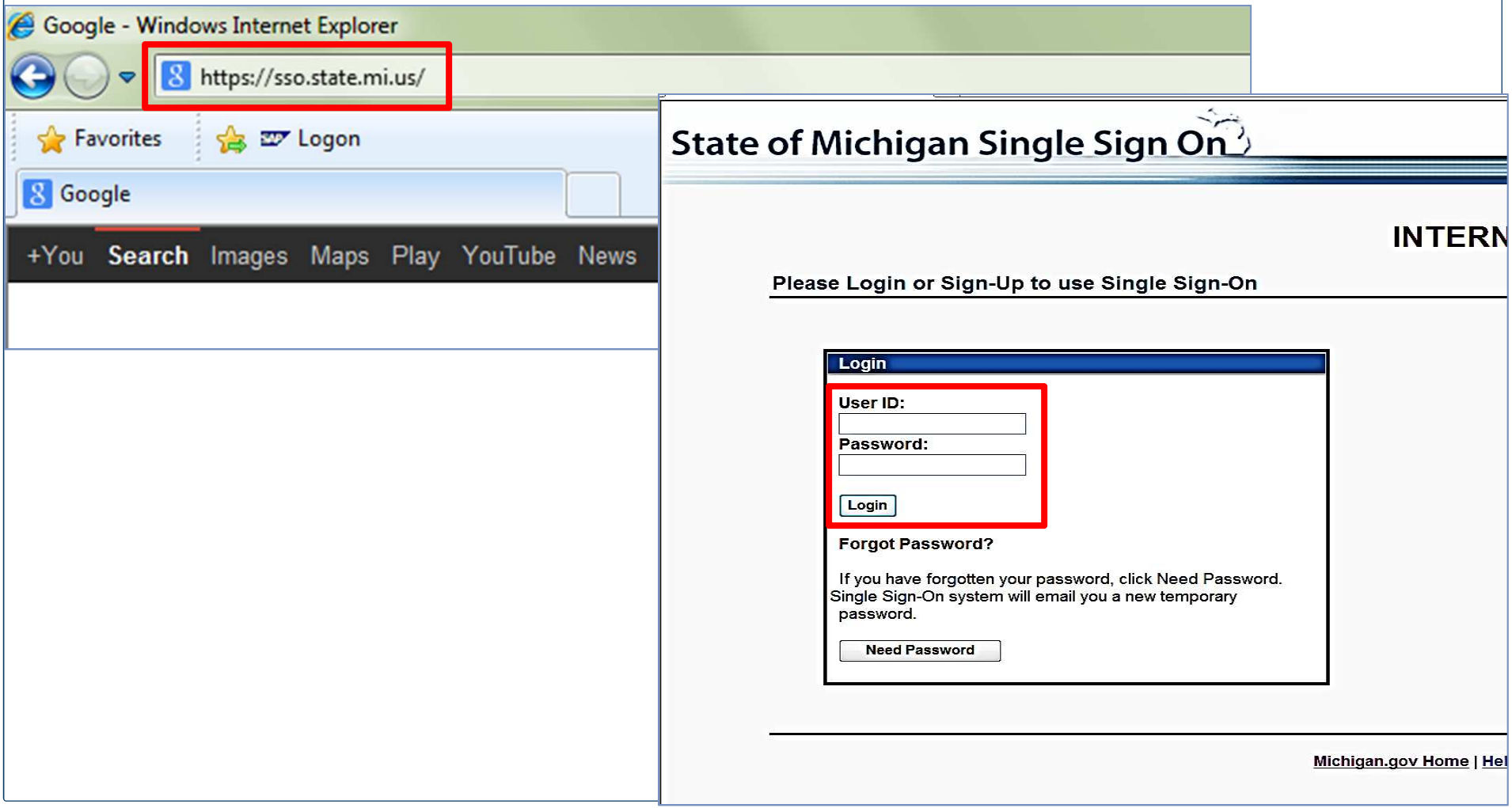


Click **Close** to close the window.
Be sure you **Sign Off** the Application Portal before advancing to the next step.

New AGENCY Provider Application

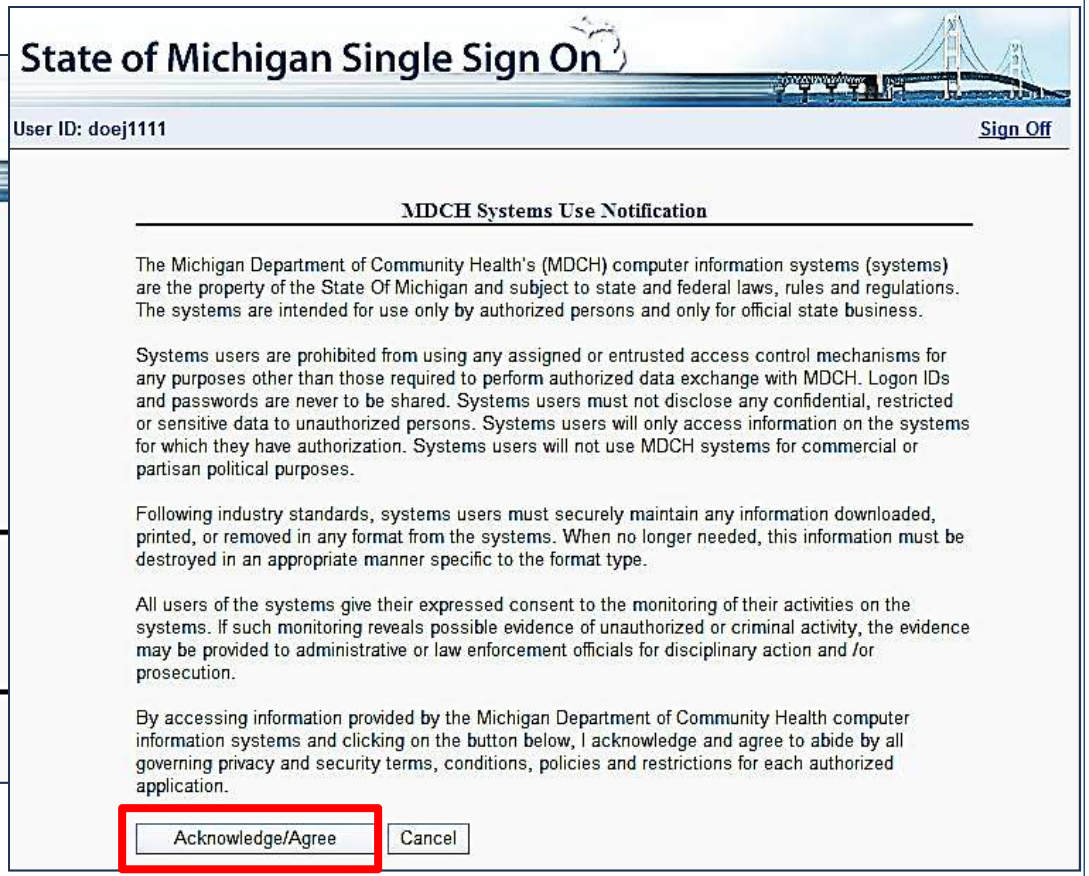
Follow these steps to apply as a new agency.

Sign into the State of Michigan Single Sign On by going to **http://sso.state.mi.us** and entering your User ID and Password. This will take you to the Single Sign On Application Portal.



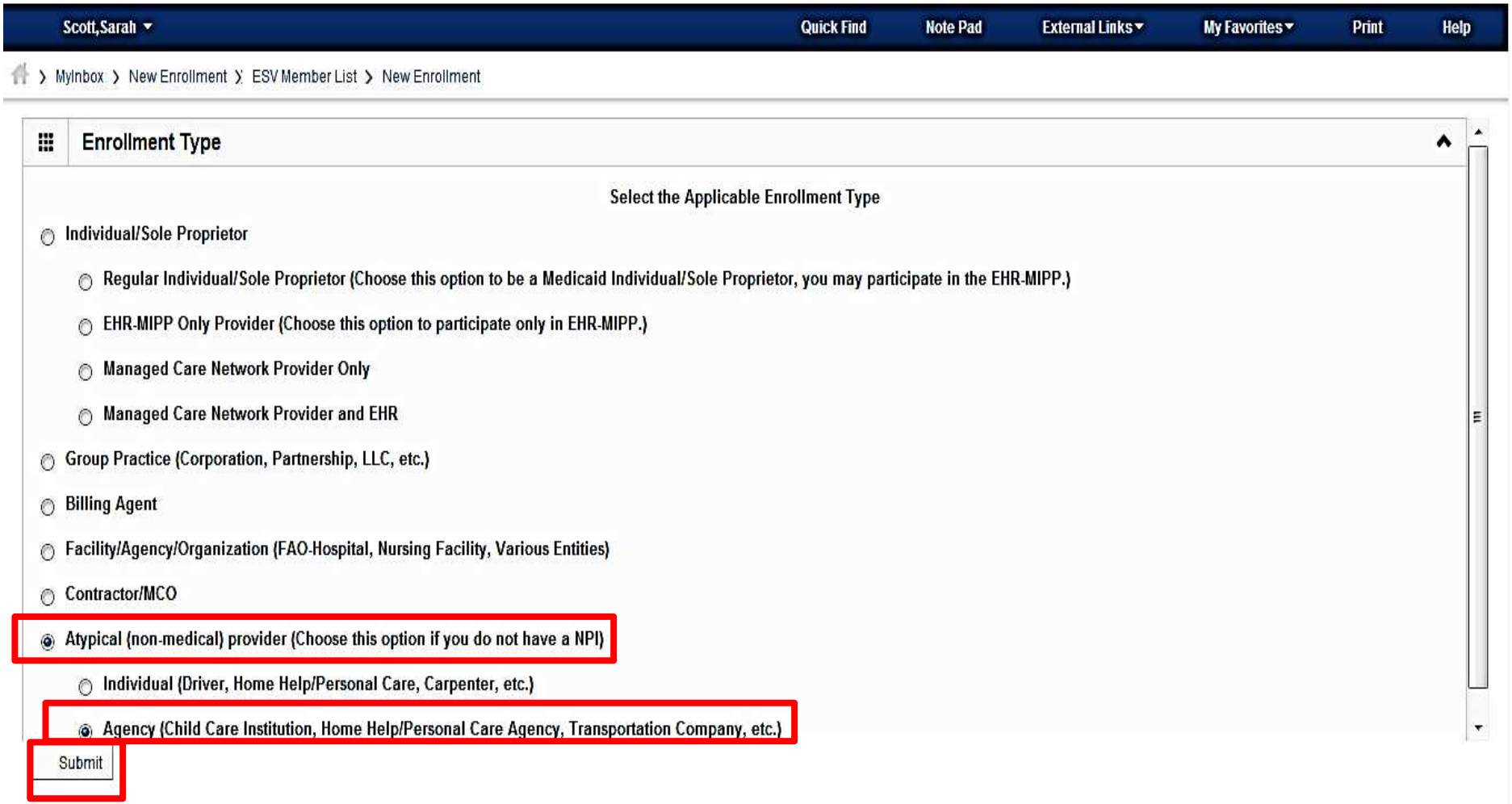
Below is the display of the Application Portal.
Click on the **CHAMPS** hyperlink.
Read the MDCH Systems Use Notification on the next page and click **Acknowledge/Agree.**

***NOTE: You will have to do this every time you access CHAMPS

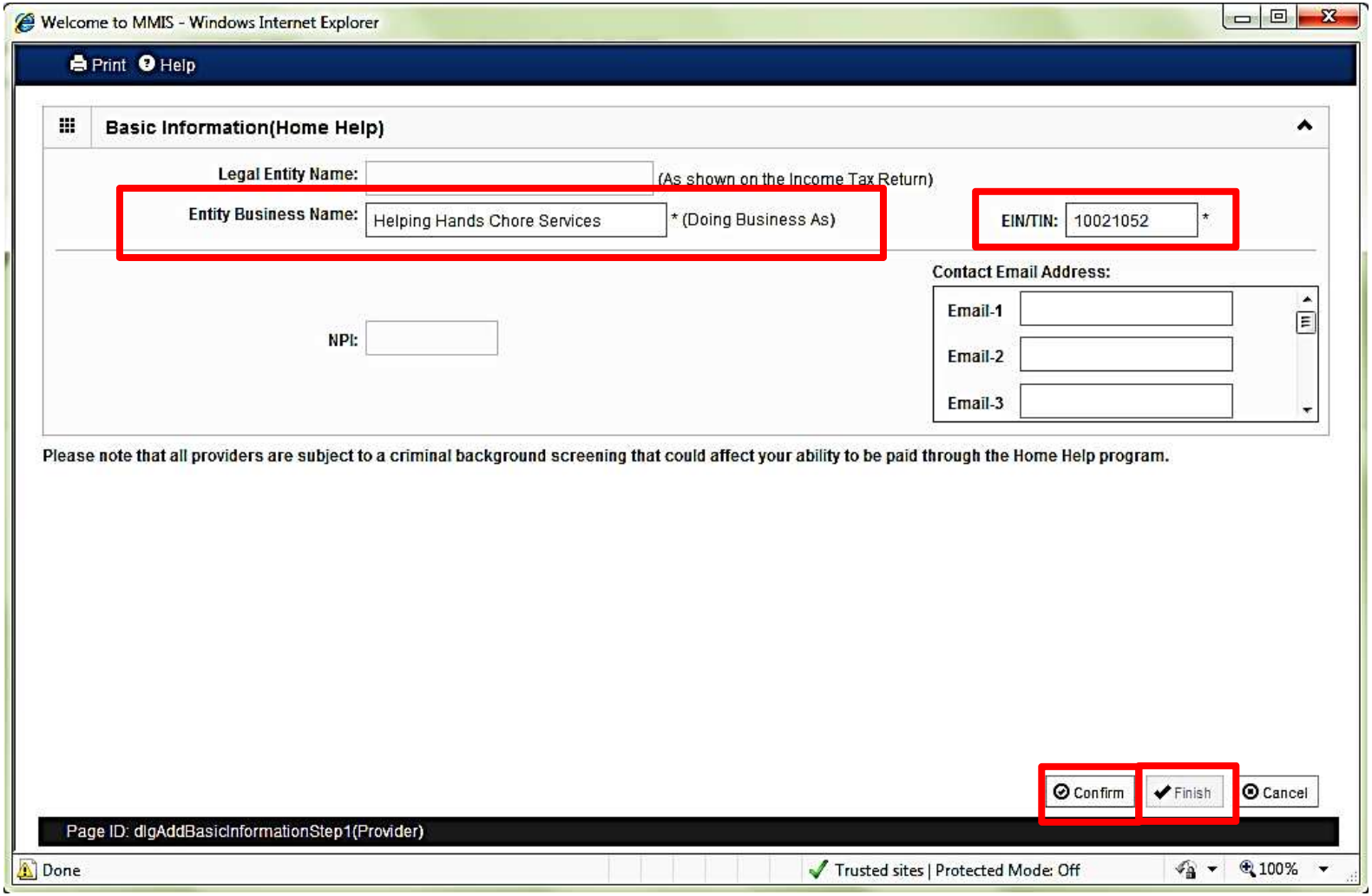


Below is the display of the CHAMPS homepage for a brand new provider. Click on **New Enrollment** (in blue).

Choose **Atypical (non-medical) provider.**
Choose **Agency (Child Care Institution, Home Help/Personal Care…)**
Click the **Submit** button.

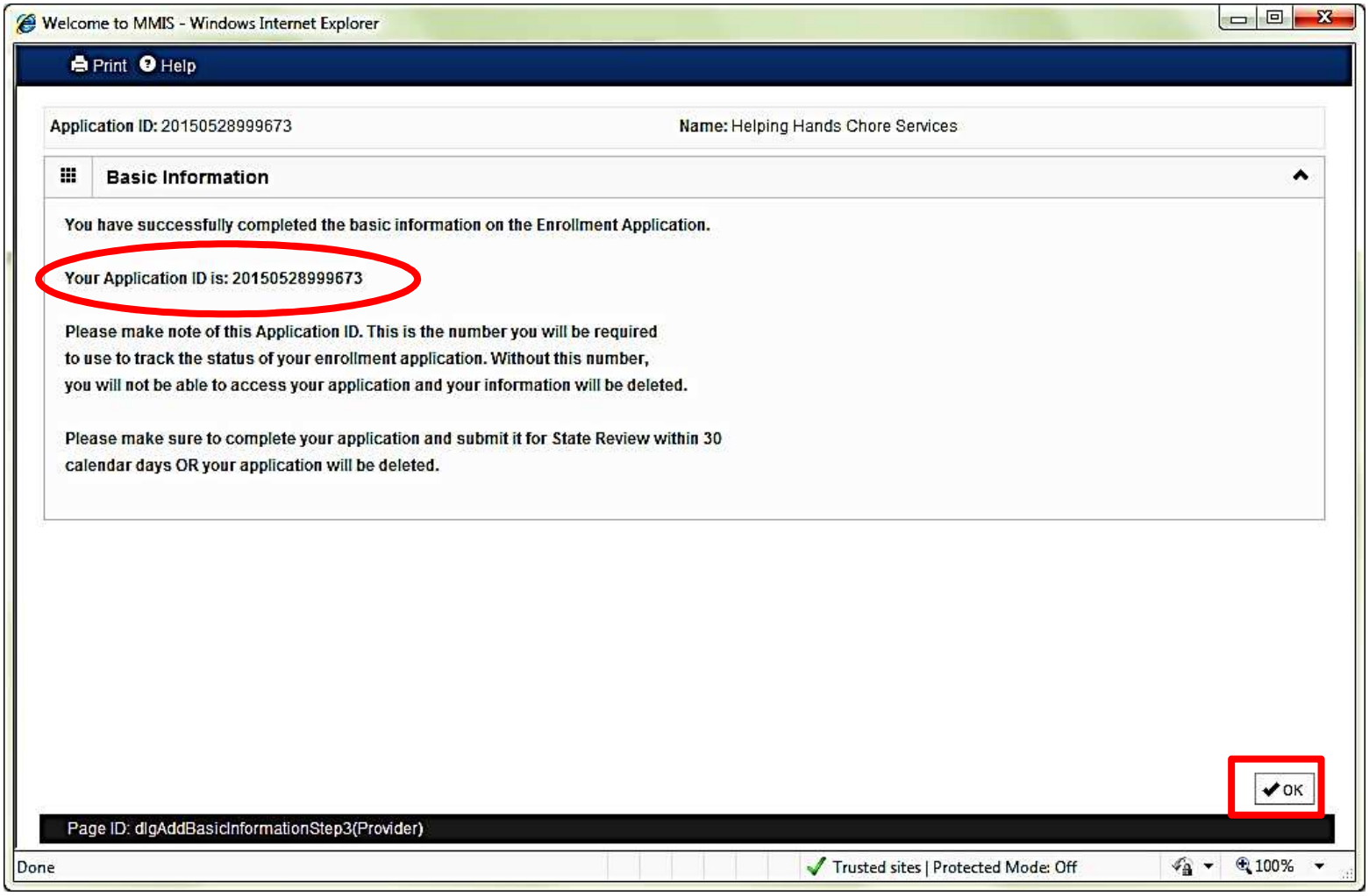


Enter the required information, indicated by the asterisk (*).
Click **Confirm** to verify the EIN/TIN.
Click **Finish**.



Write down the **Application ID** number for future reference.
Click **OK**.

***NOTE: Be sure to complete and submit your application within 30 days or your application will be deleted.



Click on the **Step 2: Add Locations** hyperlink.

Application ID: 20150709666544 **Name:** Helping Hands Chore Services

Close

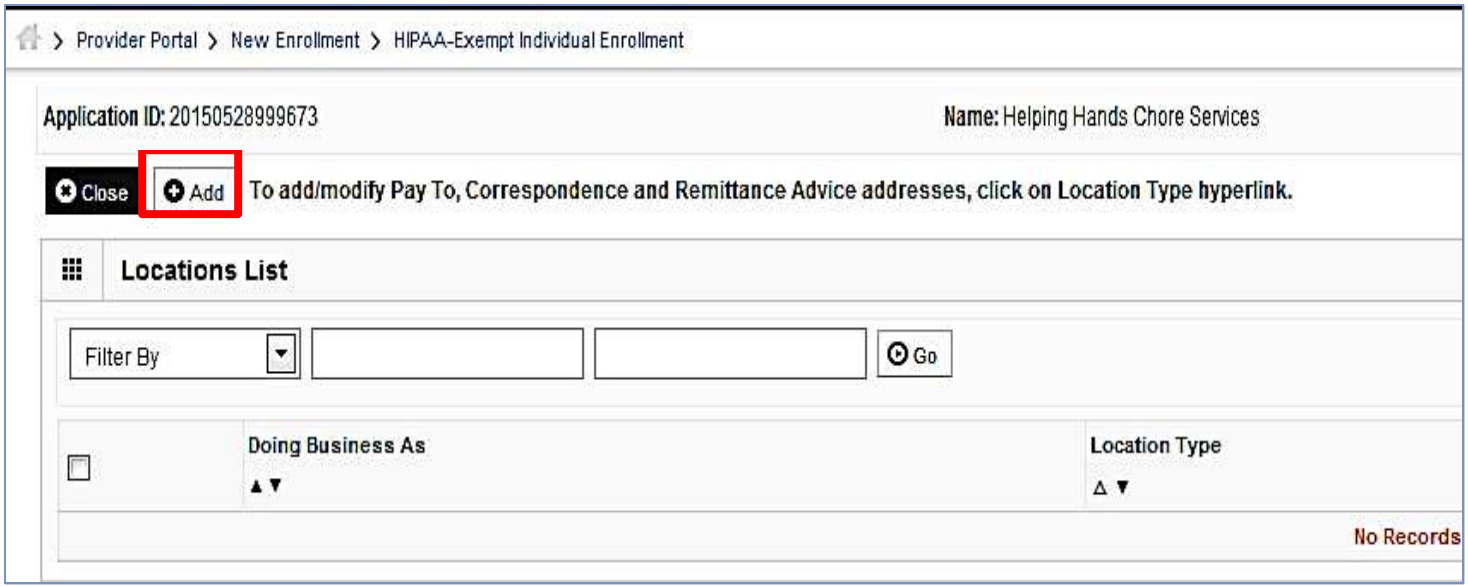
Enroll Provider - Atypical Agency

Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/09/2015	07/09/2015	Complete	
Step 2: Add Locations	Required	07/09/2015		Incomplete	Please add/validate Location.
Step 3: Add Specialties	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

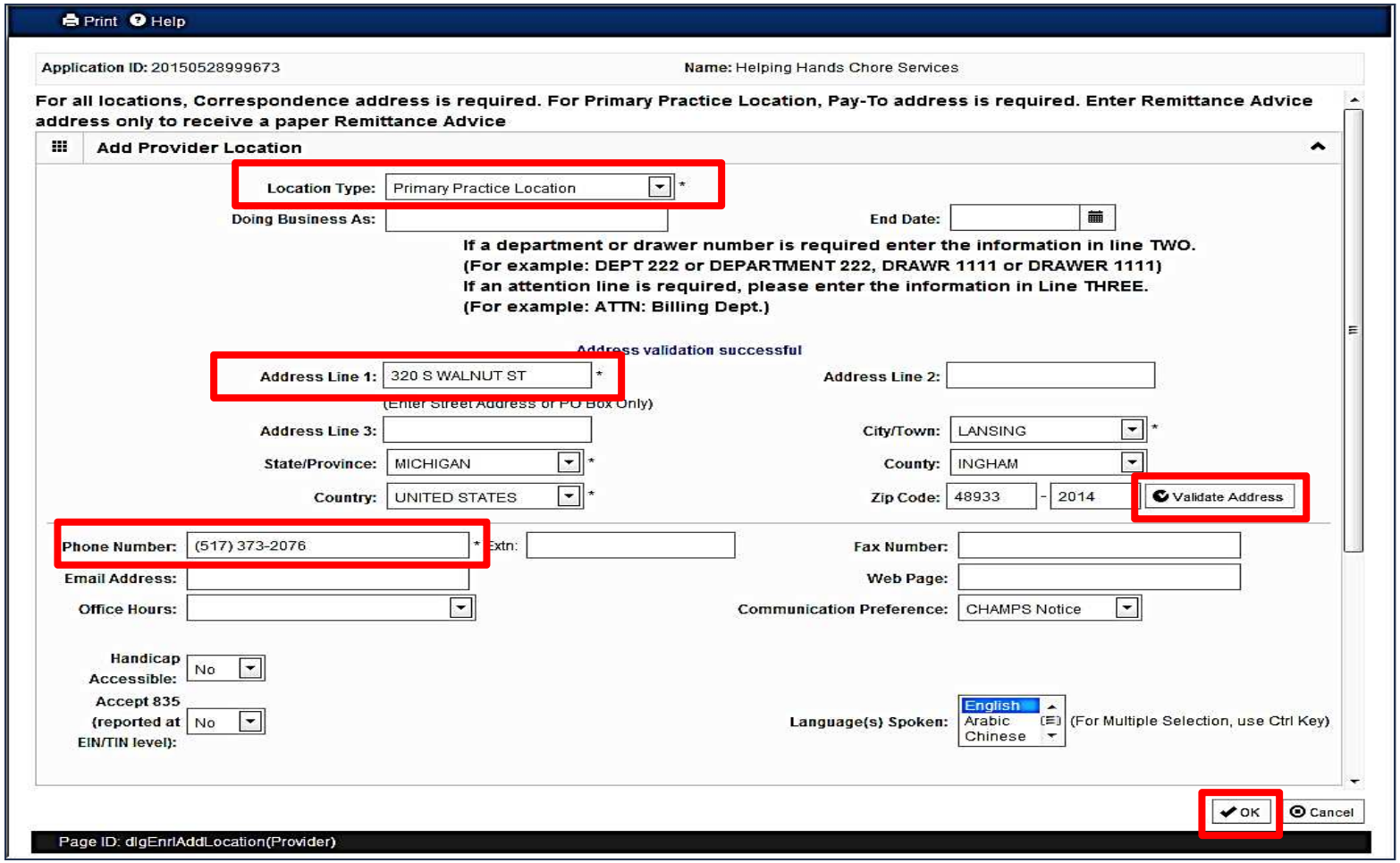
View Page: 1 Go Page Count : 1 SaveToXLS Viewing Page: 1 First Prev Next Last

Click **Add.**

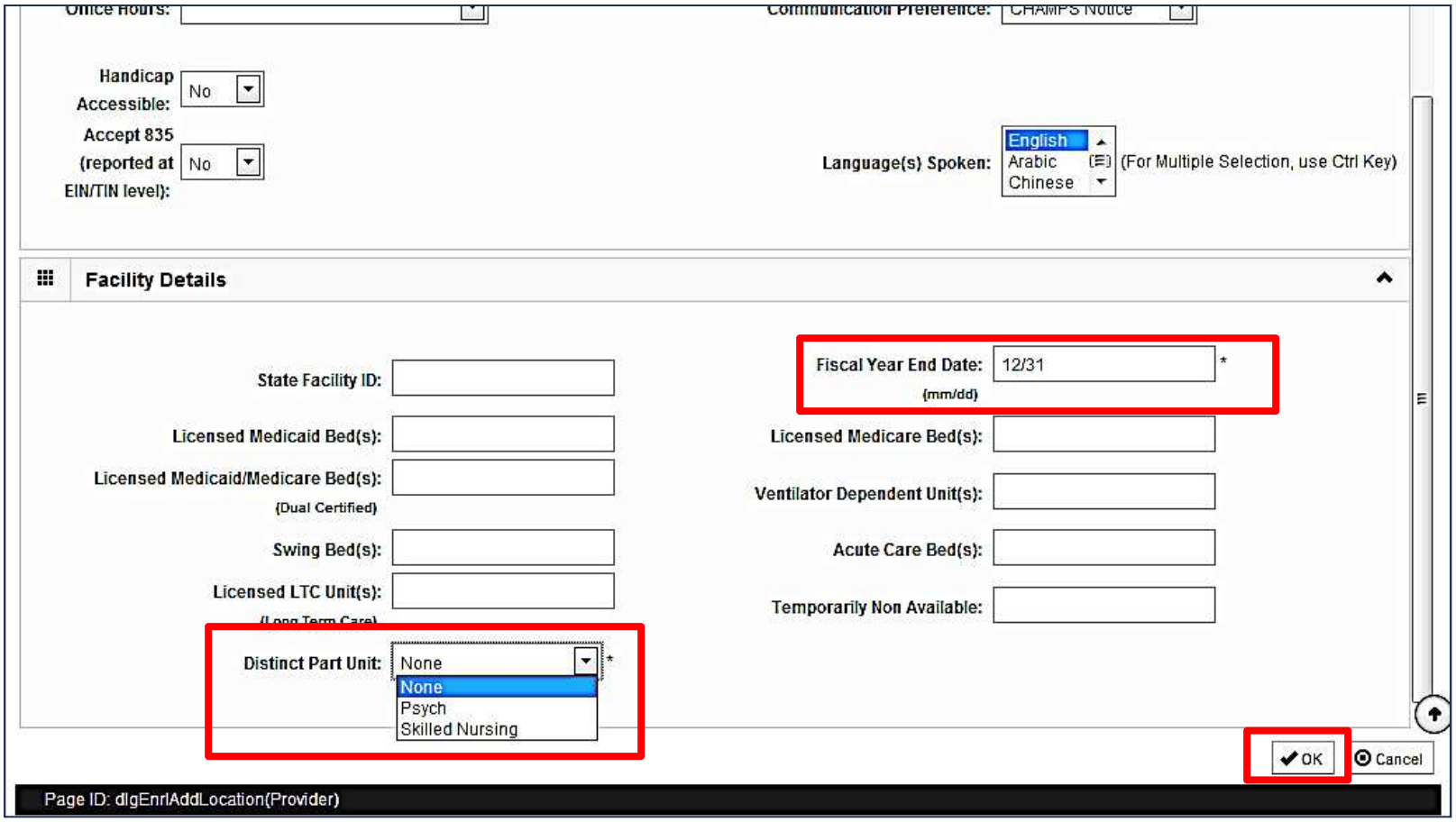

Provider Portal
New Enrollment
HIPAA-Exempt Individual Enrollment
Application ID: 20150528999673
Name: Helping Hands Chore Services
Close
Add
To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink.
Locations List
Filter By
Go
Doing Business As
Location Type
No Records

Enter the required information, indicated by an asterisk (*).
Click **Validate Address** (you *cannot* go any further without clicking this)**.**

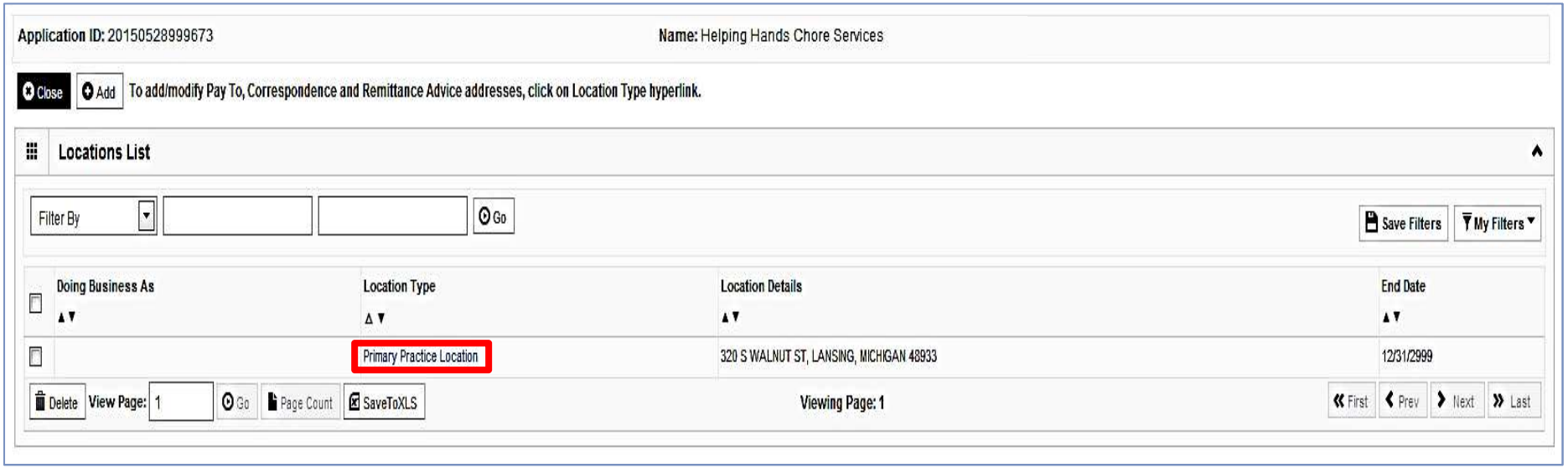
***NOTE: **Location Type** will always by *Primary Practice Location.*
***NOTE: Entering the **Zip Code** will automatically update **State, City/Town,** and **County**

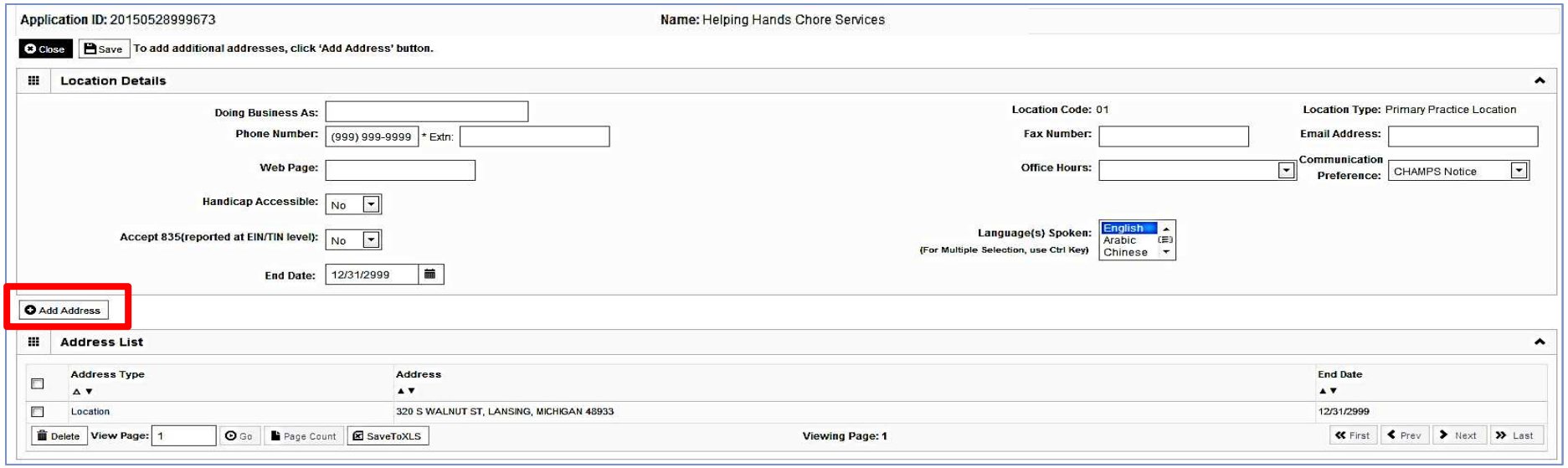


Scroll to the bottom of the previous screen.
Enter the **Fiscal Year End Date** relevant to your agency.
Indicate the **Distinct Part Unit**.
Click **OK.**



Click on the **Primary Practice Location** hyperlink (in blue).
Click **Add Address**.

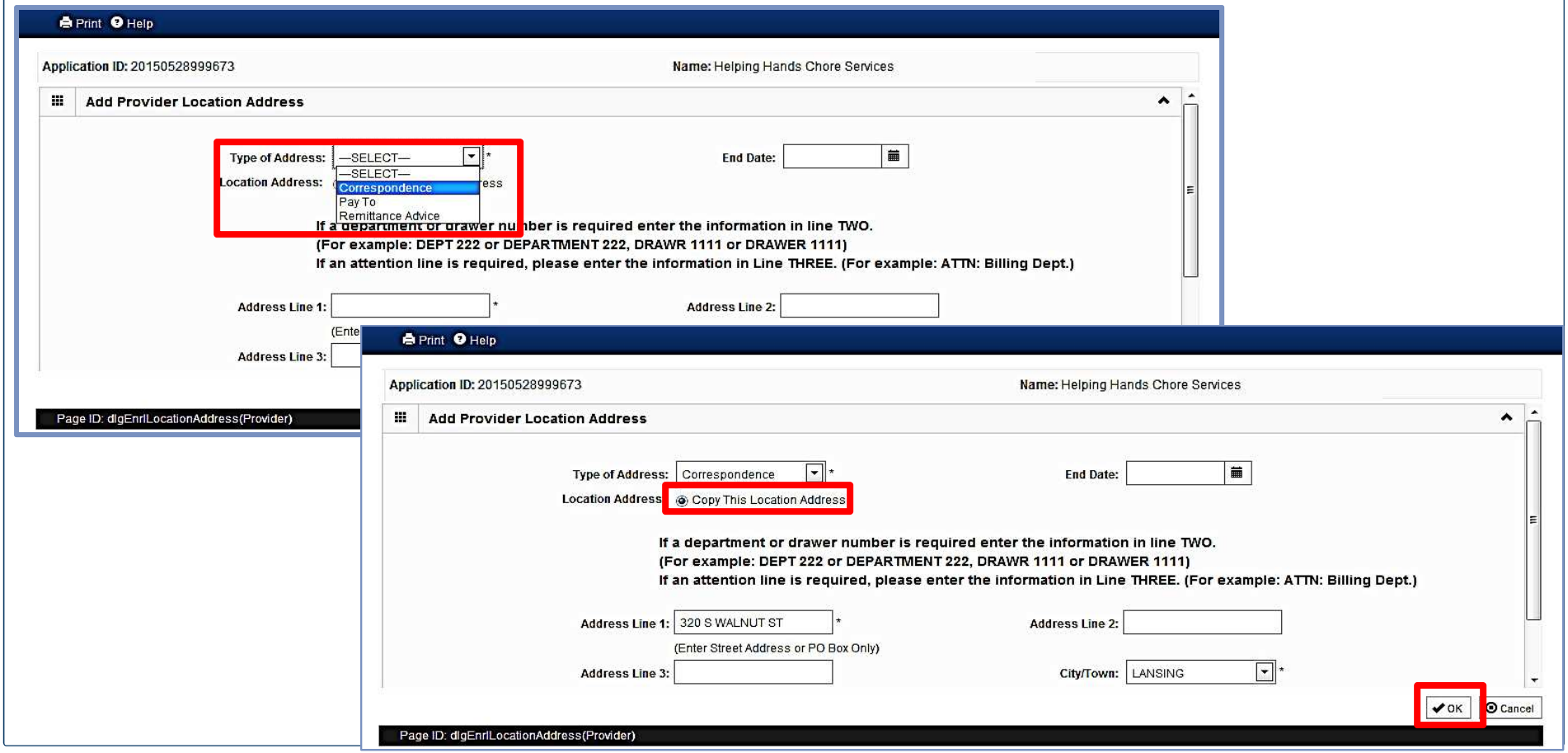




In the **Type of Address** drop down menu, select **Correspondence.**

***All correspondences from the Home Help program will be sent to the address entered here; therefore, enter the address where your agency regularly receives mail.*

If that address is the same as the one entered previously, simply select **Copy This Location Address** next to the **Location Address.**
Click **OK**.

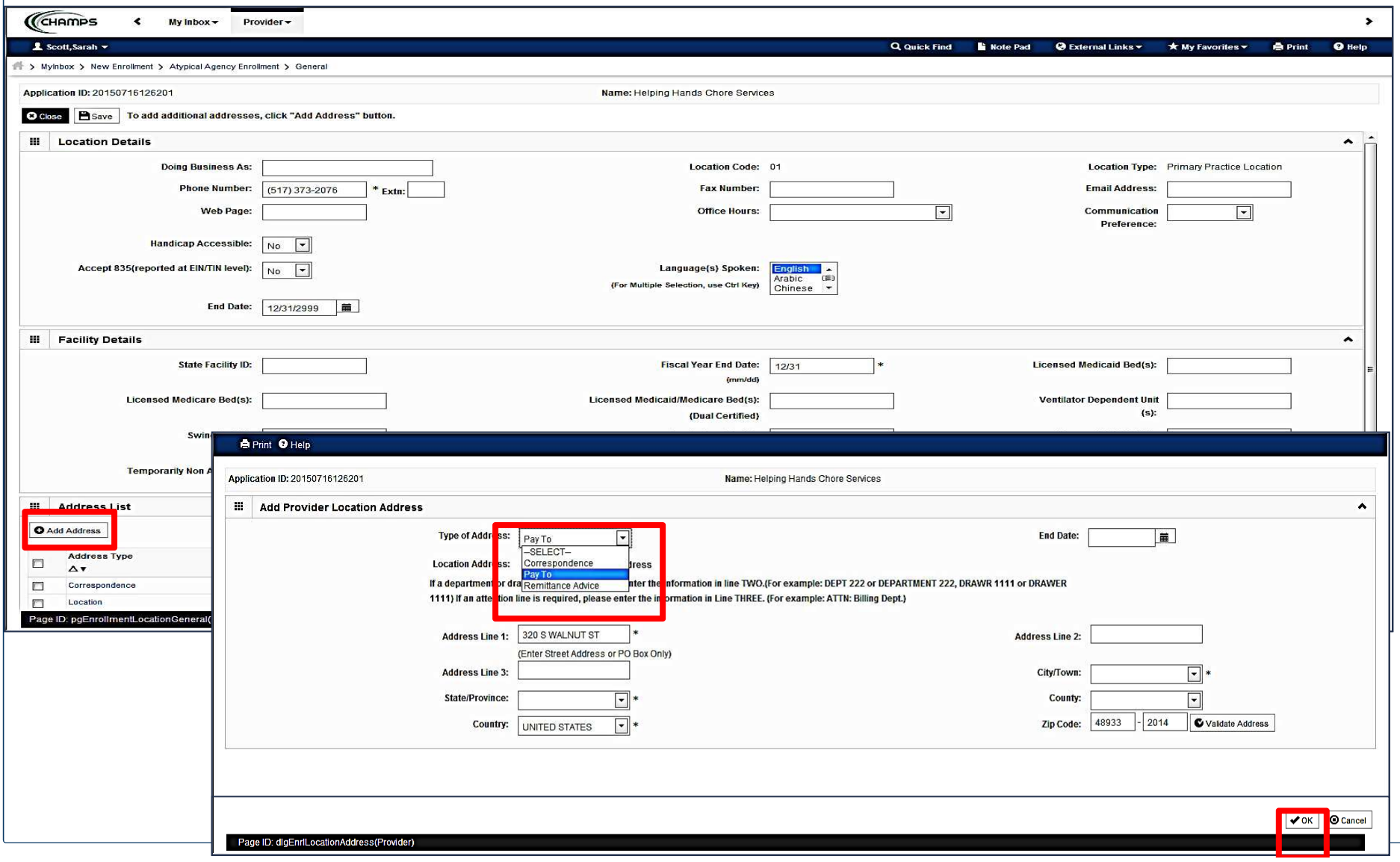


Click **Add Address**.

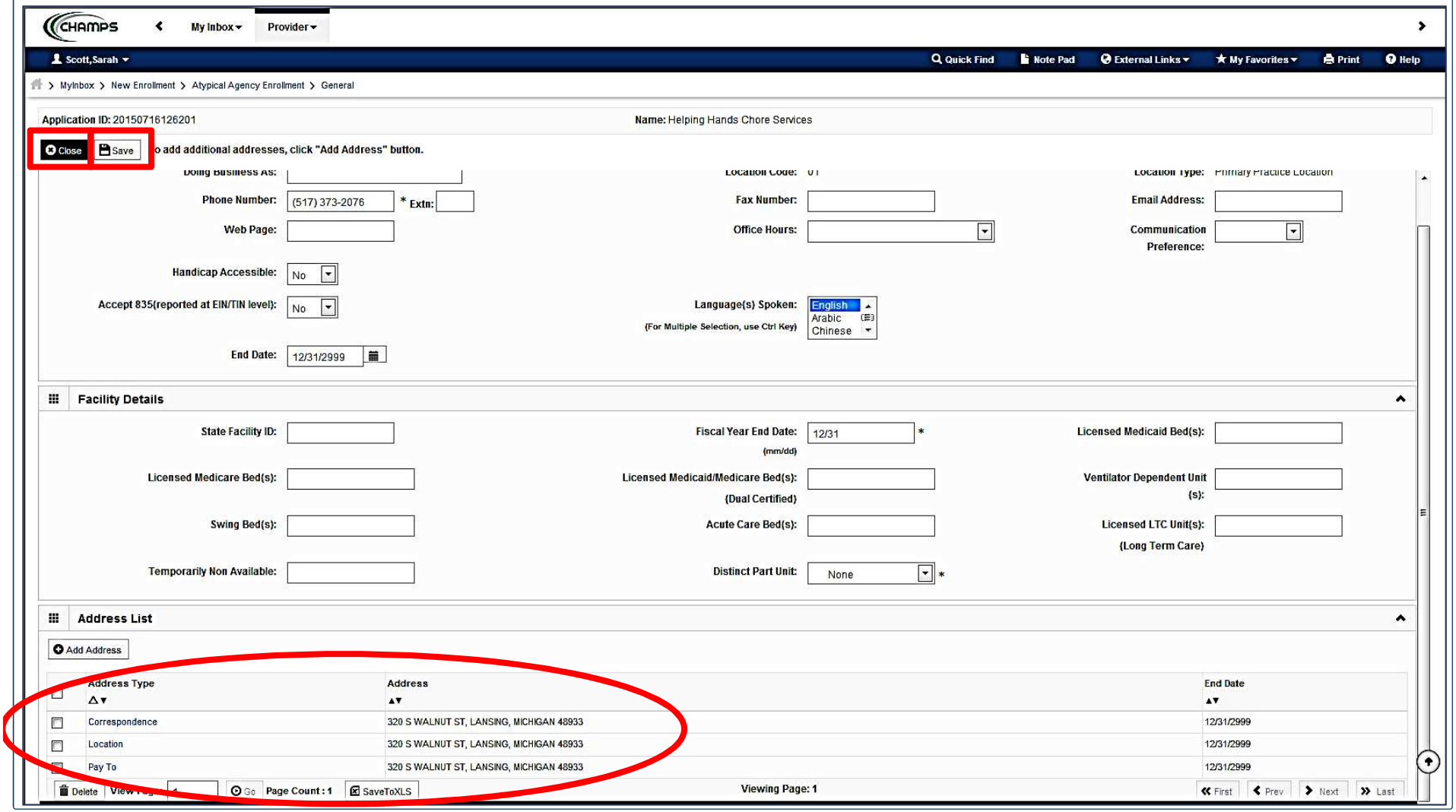
Select **Pay To** in **Type of Address.**

Enter the required information indicated by the asterisk (*).

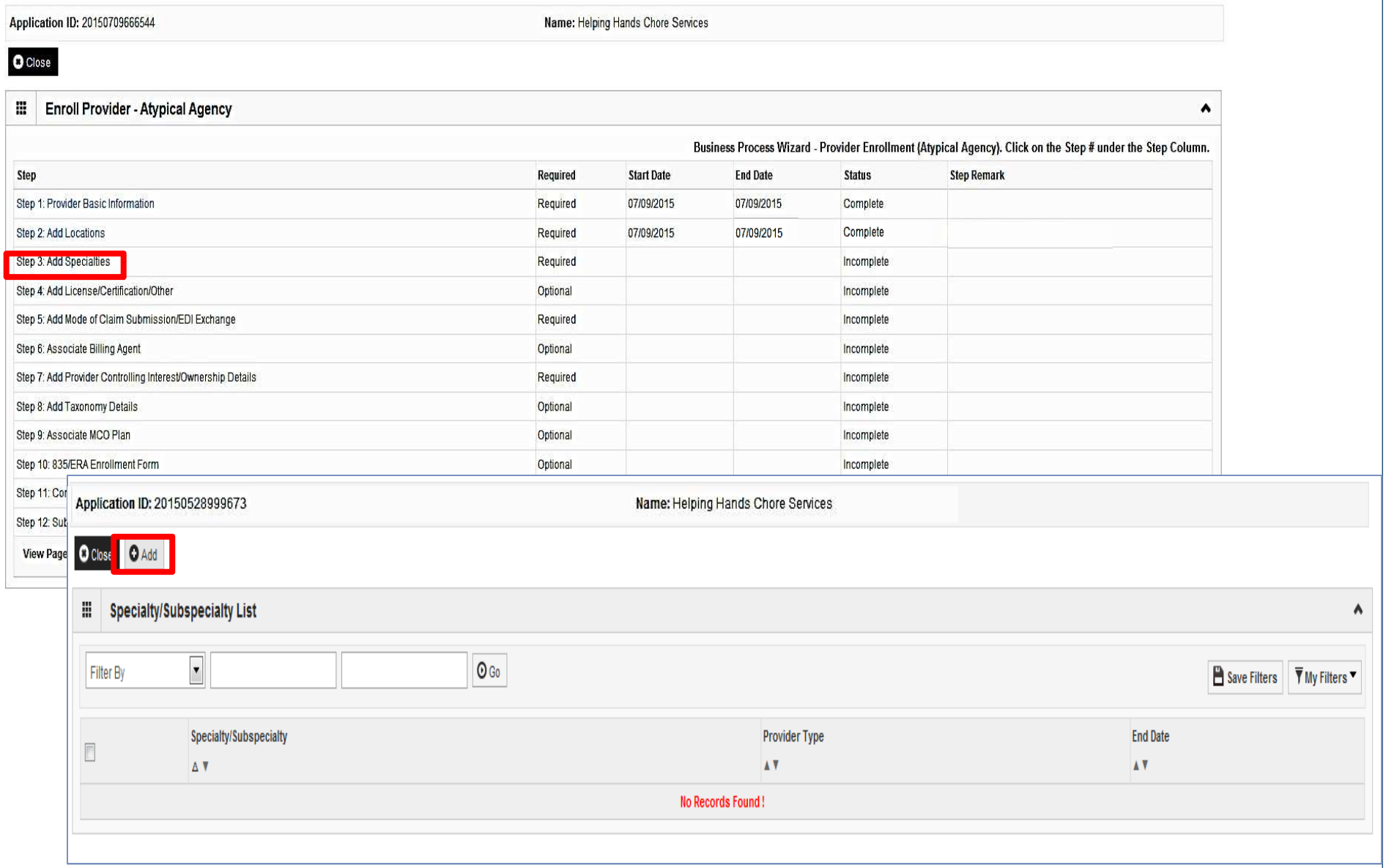
Click **OK.**



Notice the Correspondence, Location and Pay To rows have addresses.
Click **Save**.
Click **Close** on the next two screens to go back to the list of steps (Not shown).
The **Close** button is on the top left corner.

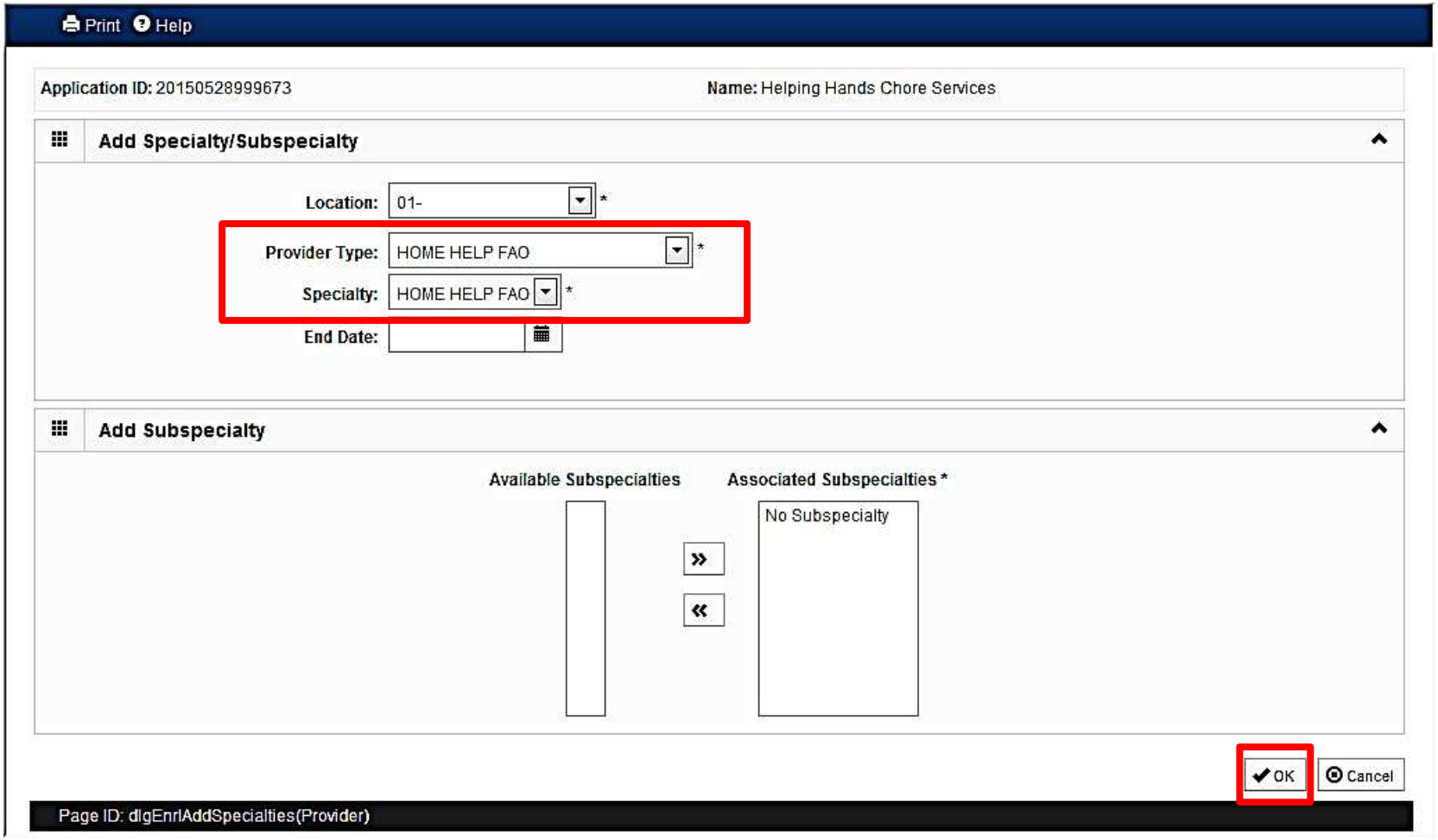


Click on **Step 3: Add Specialties** hyperlink
Click **Add.**

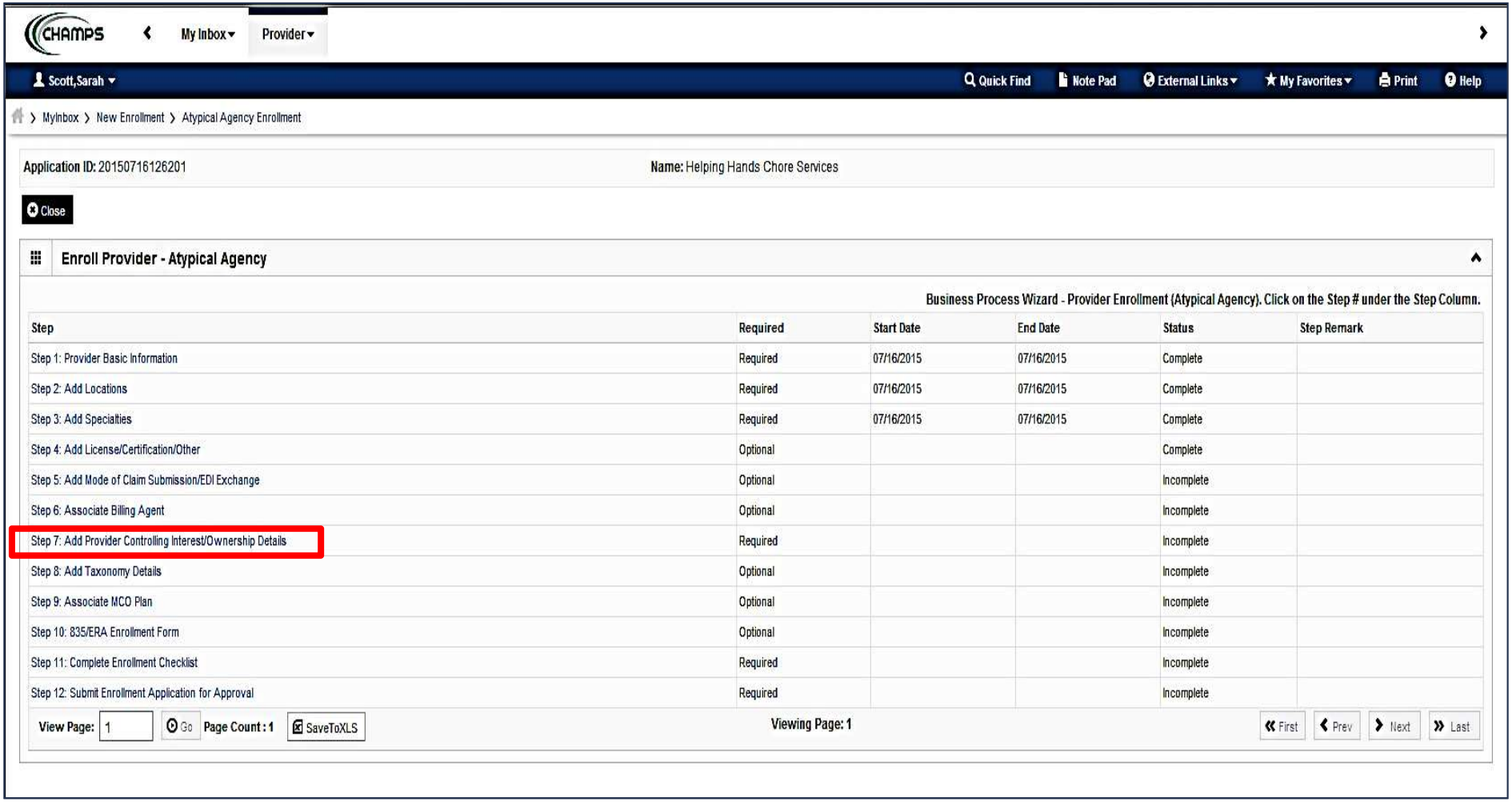


Choose **01-** for **Location**.
For both **Provider Type** and **Specialty**, choose **Home Help FAO.**
Click **OK**.

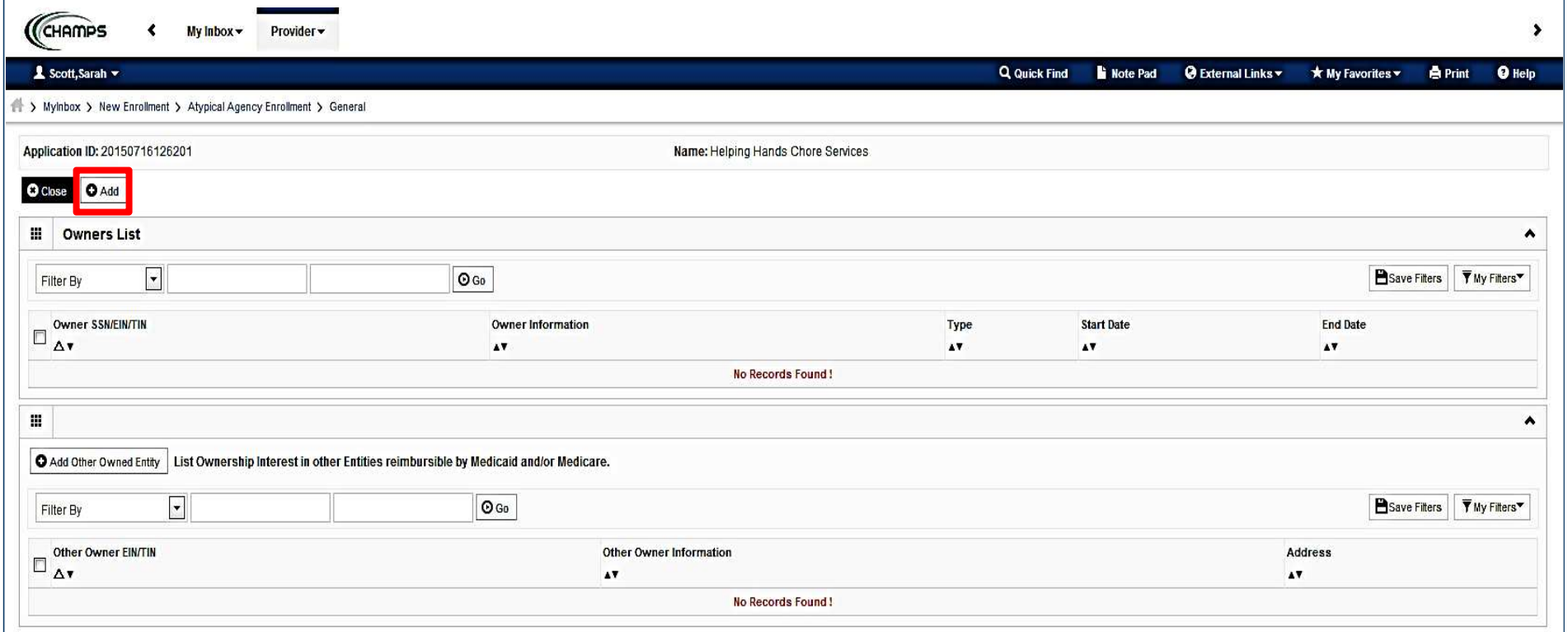
***NOTE: FAO is an acronym for Facility/Agency/Organization.



Steps 4-6 are optional; most agencies do not need to complete these steps.
Click **Step 7: Add Provider Controlling Interest/Ownership Details** hyperlink.

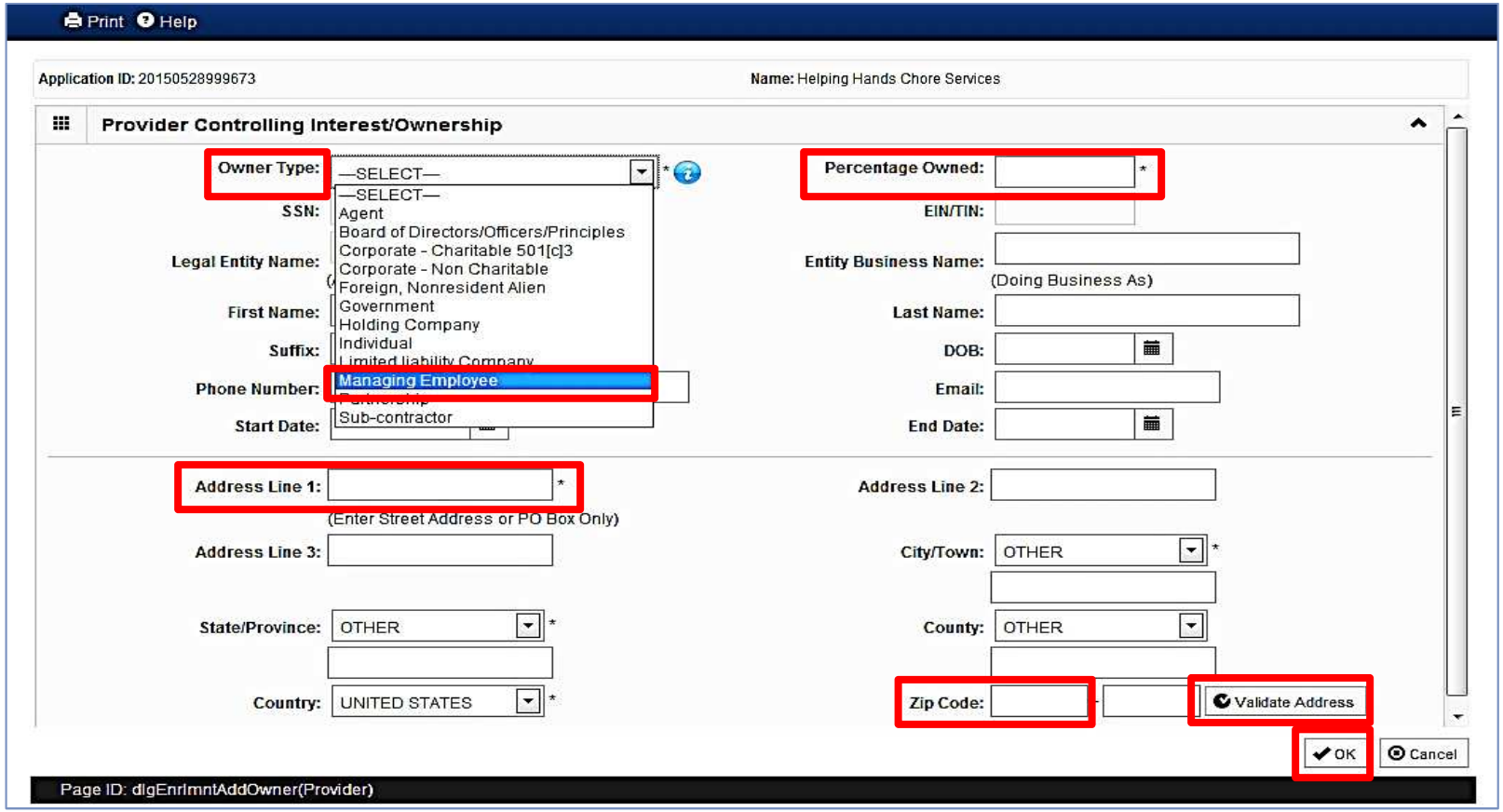


Click on the **Add** button to add a Managing Employee owner.

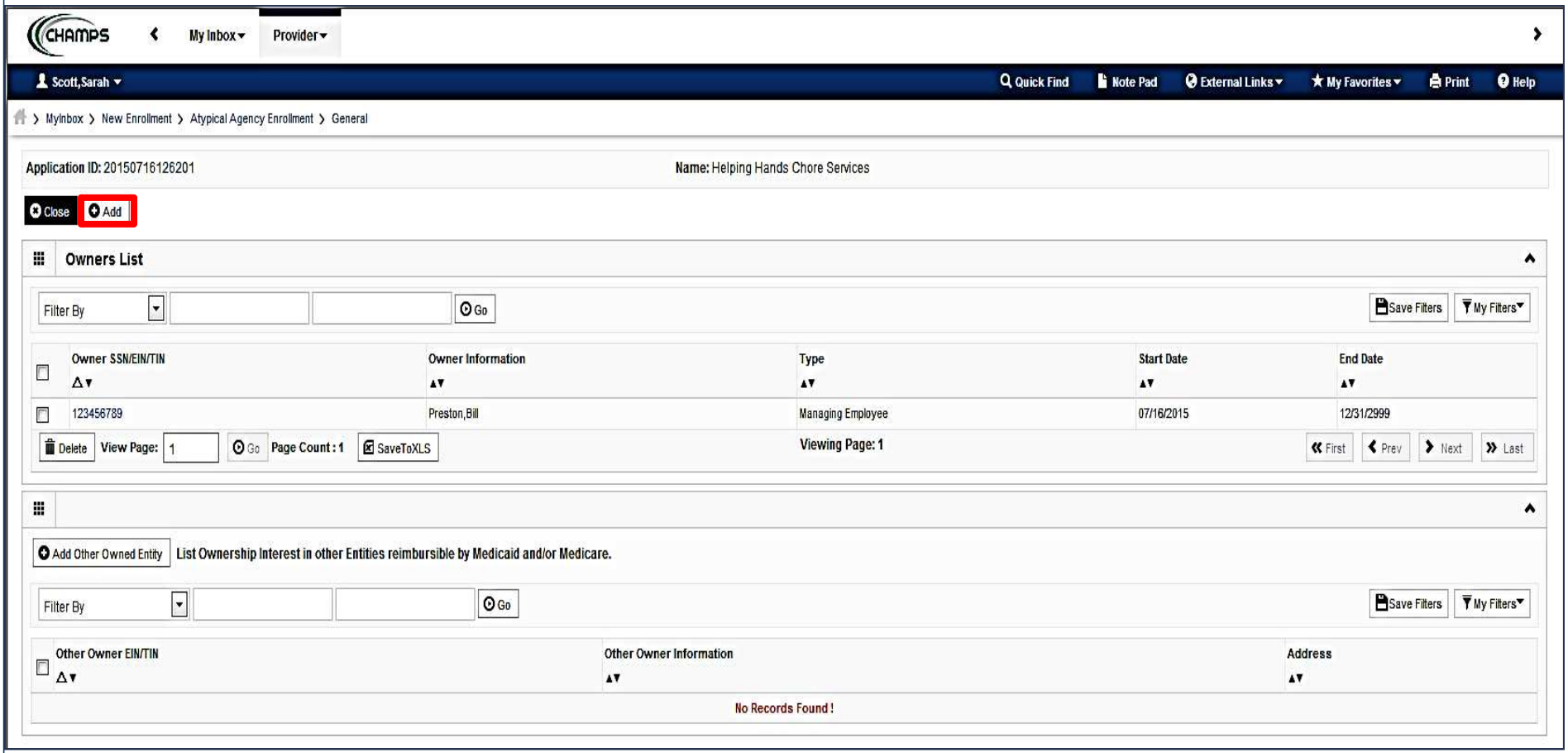


Choose **Managing Employee** in the **Owner Type** drop down menu.
Enter the required information, indicated by the asterisk (*).
Click **Validate Address** button (you *cannot* go any further without this).
Click **OK.**

***NOTE: Enter the percentage of the agency owned by the Managing Employee.
***NOTE: Entering the **Zip Code** will automatically update **State, City/Town,** and **County**.

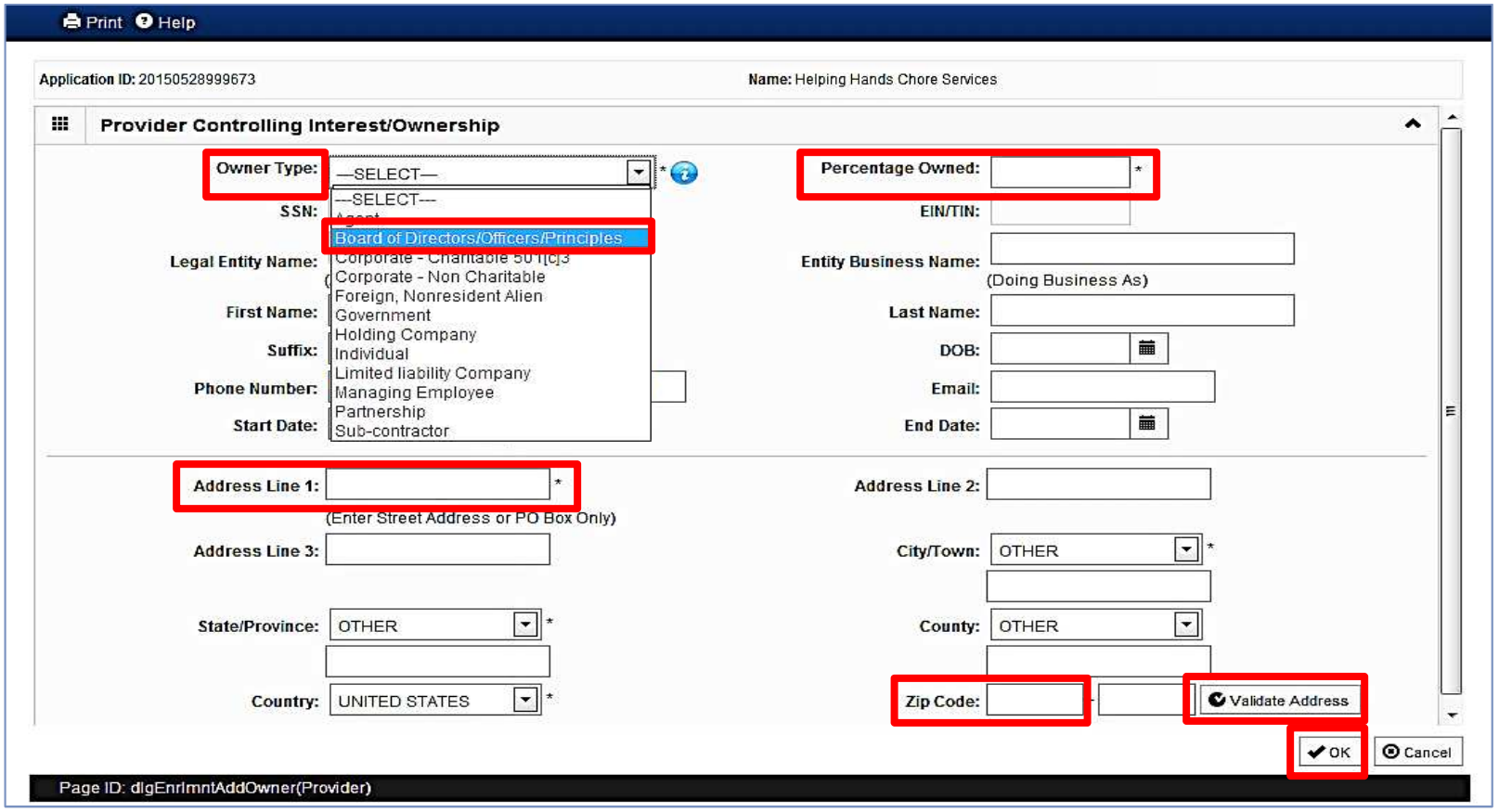


Click on the **Add** button to add a Board of Director, Officer, or Principle Owner.

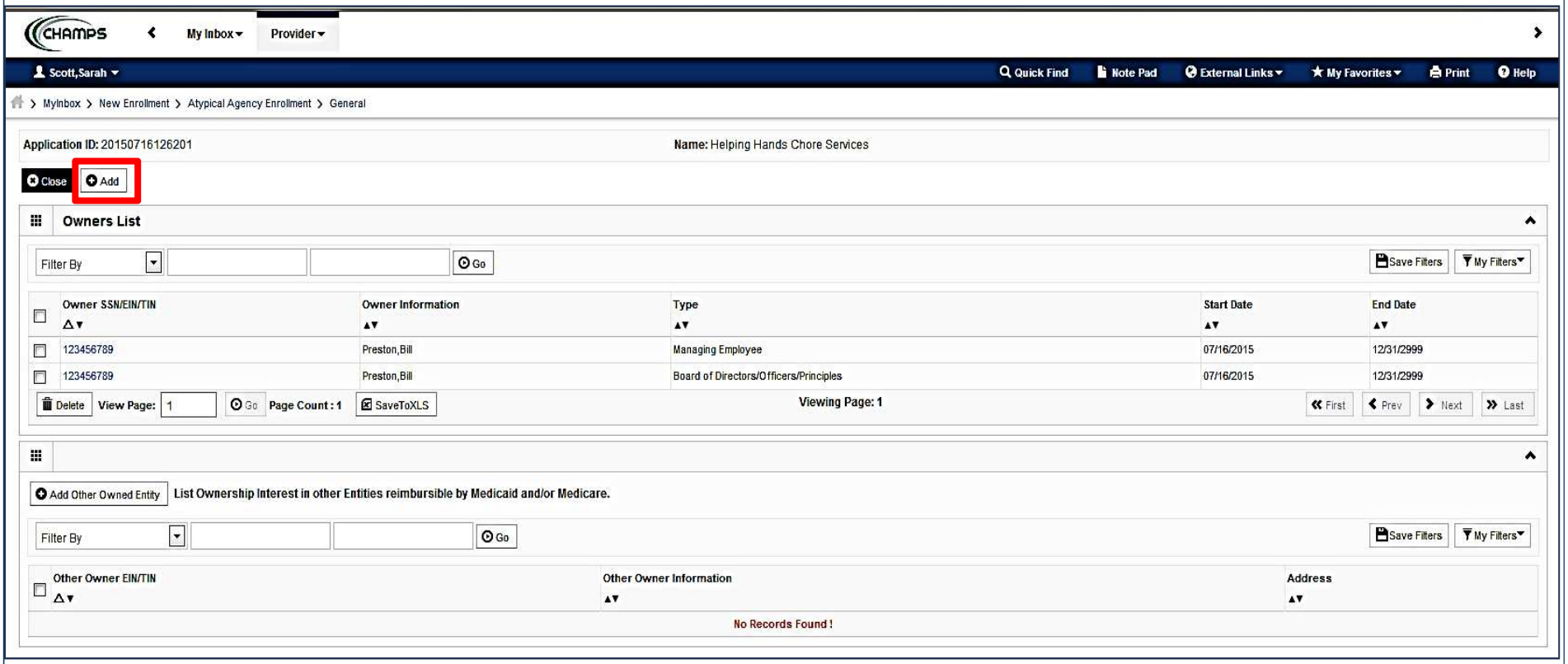


Choose **Board of Directors/Officers/Principles** in the **Owner Type** drop down menu.
Enter the required information, indicated by the asterisk (*).
Click **Validate Address** button (you *cannot* go any further without this).
Click **OK.**

***NOTE: Enter the percentage of the agency owned by the BoD/Officers/Principles.
***NOTE: Entering the **Zip Code** will automatically update **State, City/Town,** and **County**

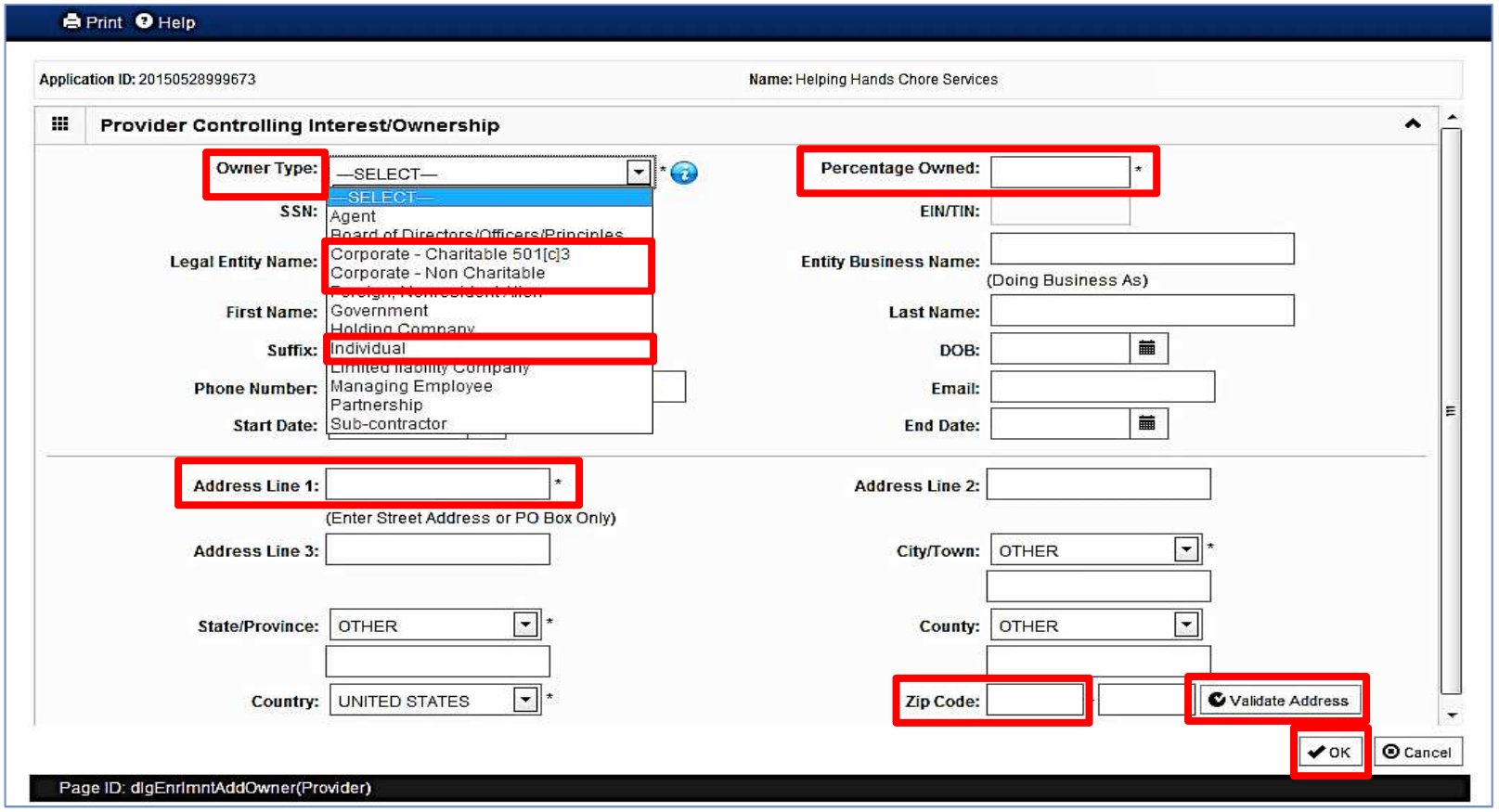


Click on the **Add** button to add either an Individual or Corporate Owner.

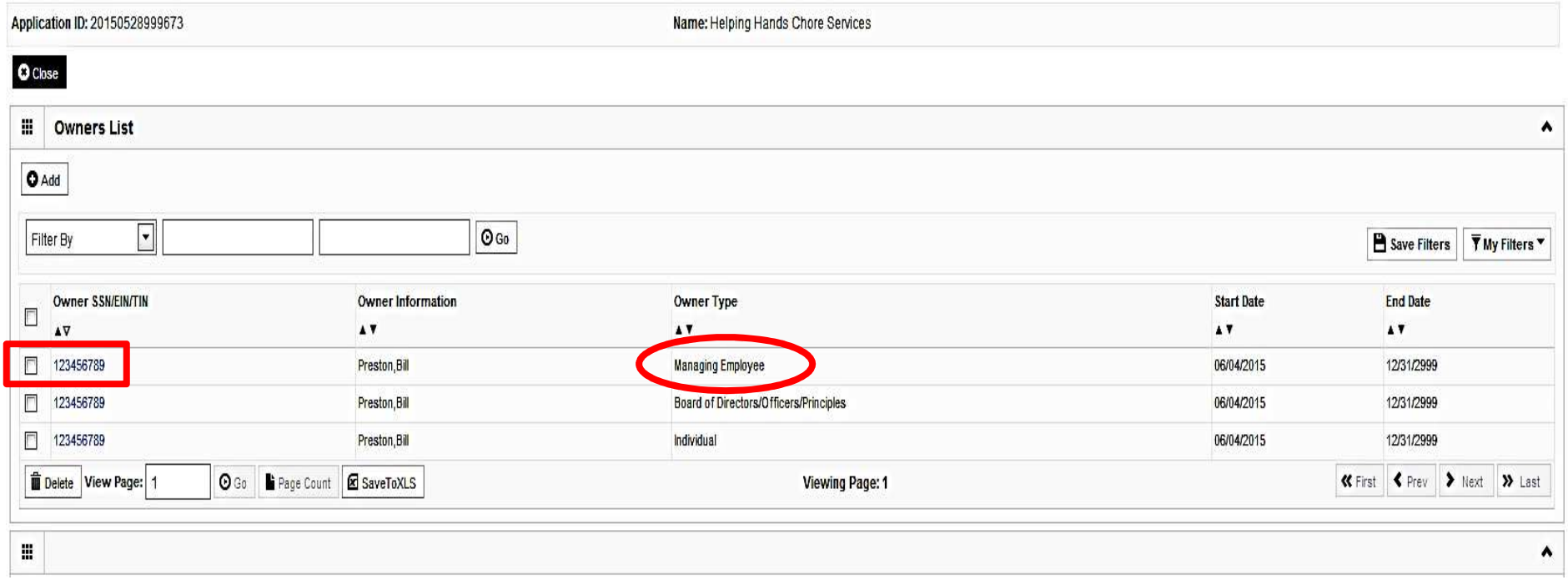


Choose either a **Corporate** option OR **Individual** option in the **Owner Type** drop down menu.
Enter the required information, indicated by the asterisk (*).
Click **Validate Address** button (you *cannot* go any further without this).
Click **OK.**

***NOTE: Enter the percentage of the agency owned by the Corporate/Individual Owner.
***NOTE: Entering the **Zip Code** will automatically update **State, City/Town,** and **County**

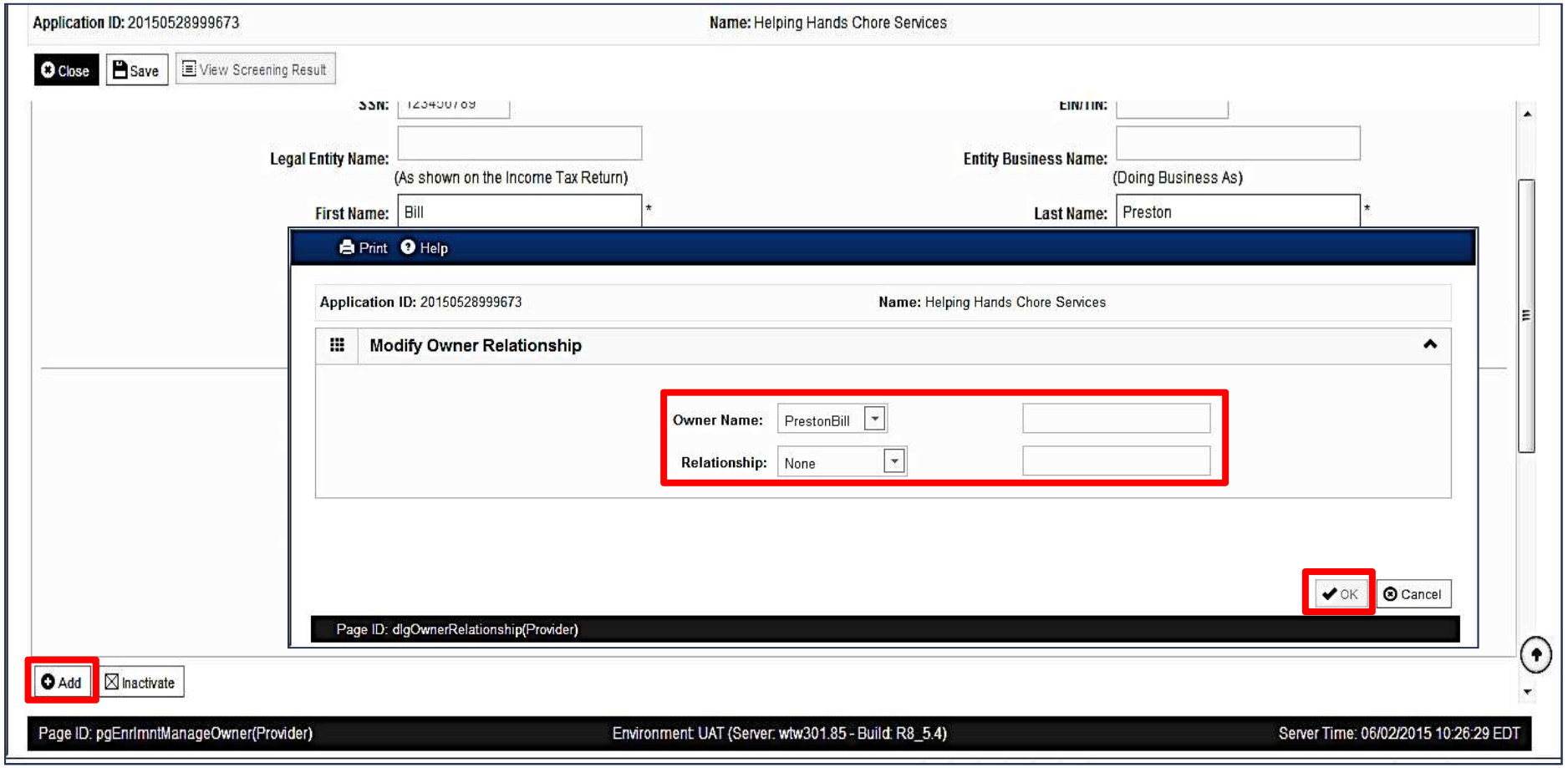


Click on the **Managing Employee** SSN hyperlink (in blue).

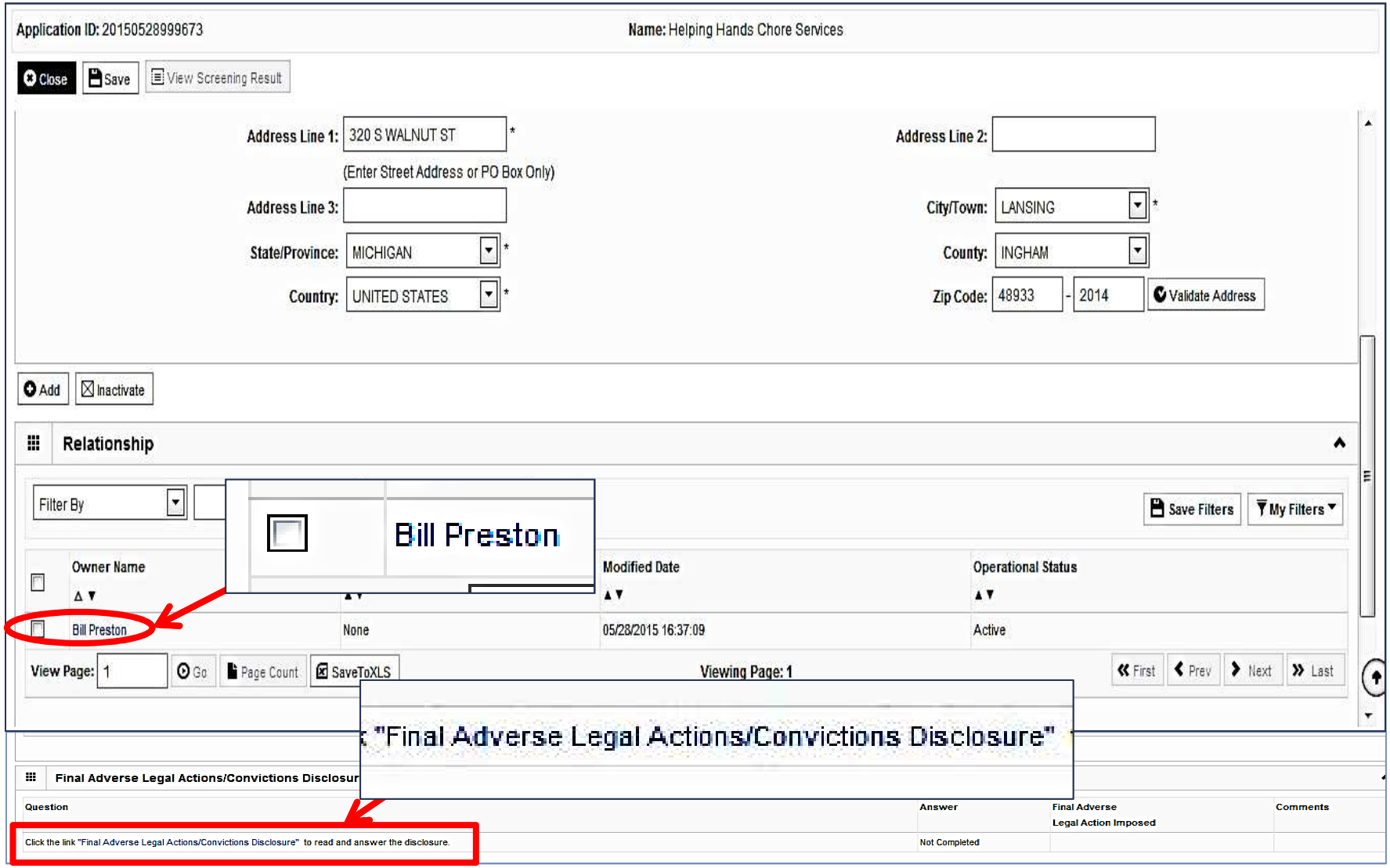


Click **Add.**
Select **Your Name** under the **Owner Name** drop down menu.
Select **None** under the **Relationship** drop down menu.
Click **OK.**

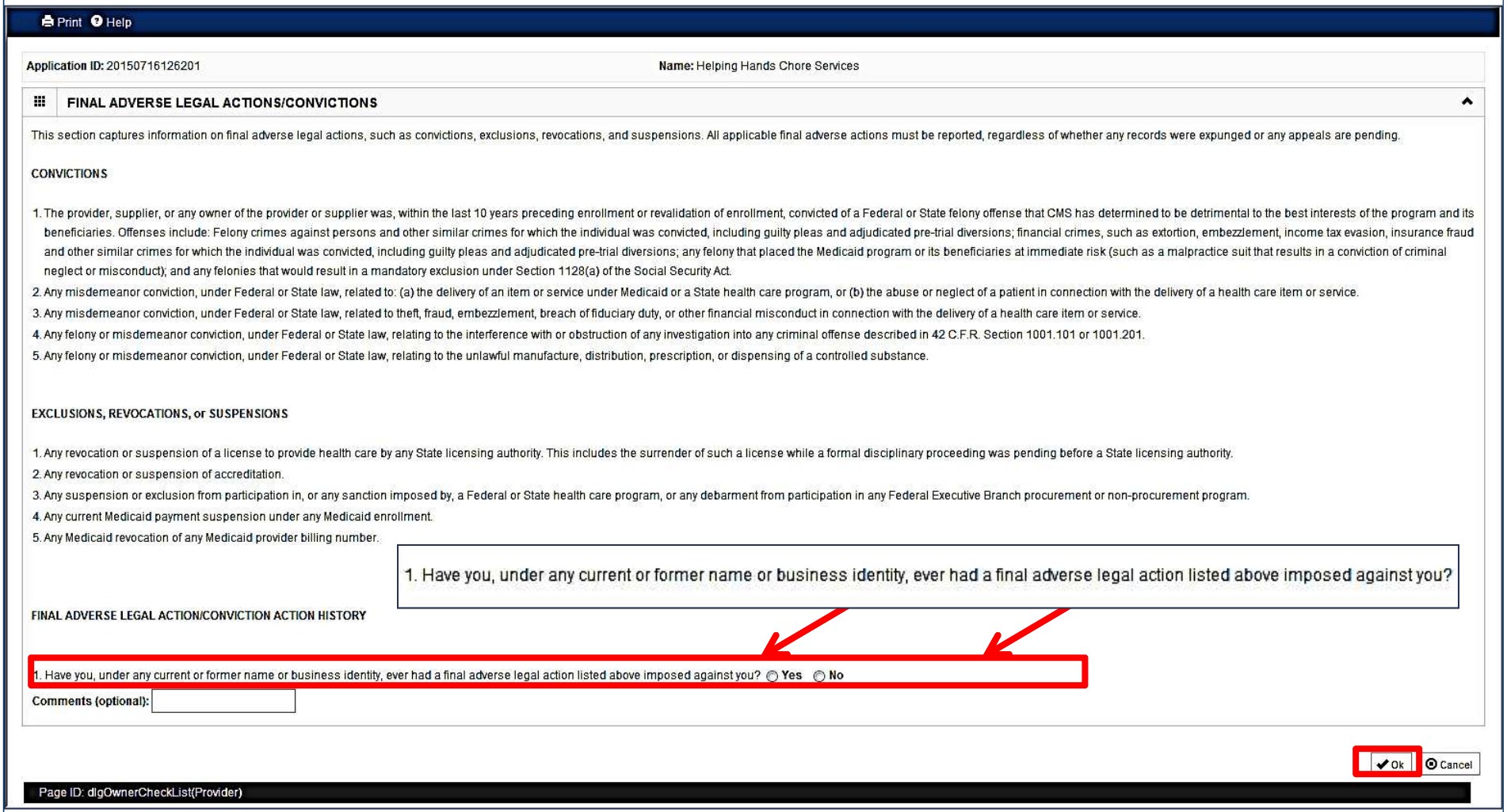
***NOTE: If more than one name is listed under **Owner Name**, you will have to repeat these steps for the other names [i.e., click **Add**, select next name in **Owner Name**, choose the relationship].



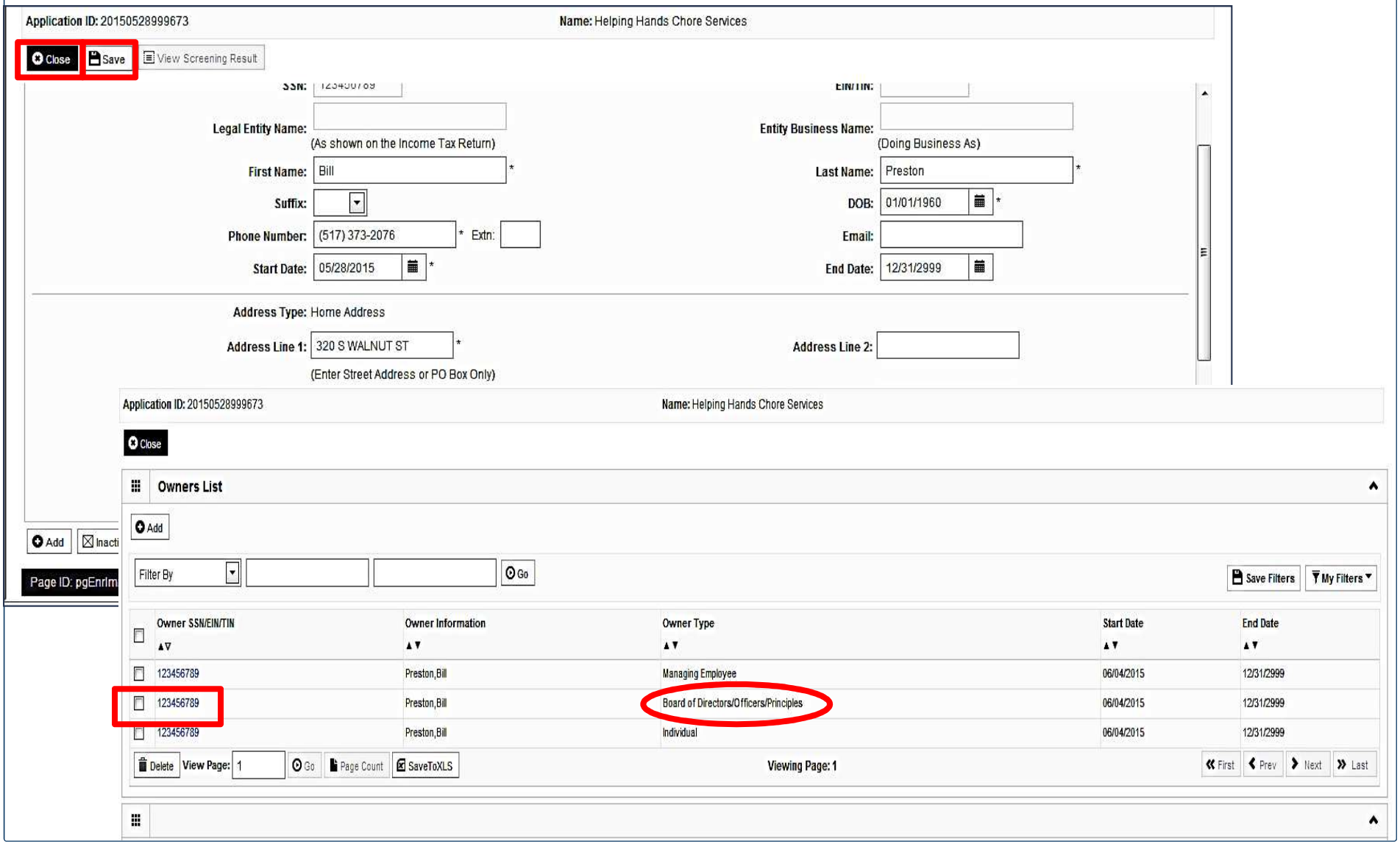
Your name will be added to the **Owner Name** column.
At the bottom of the page, click on the **“Final Adverse Legal Actions/Convictions Disclosure”** hyperlink.



Read the **Final Adverse Legal Actions/Convictions** statement.
Answer the question at the bottom by choosing **yes** or **no** and comment if necessary.
Click **OK.**

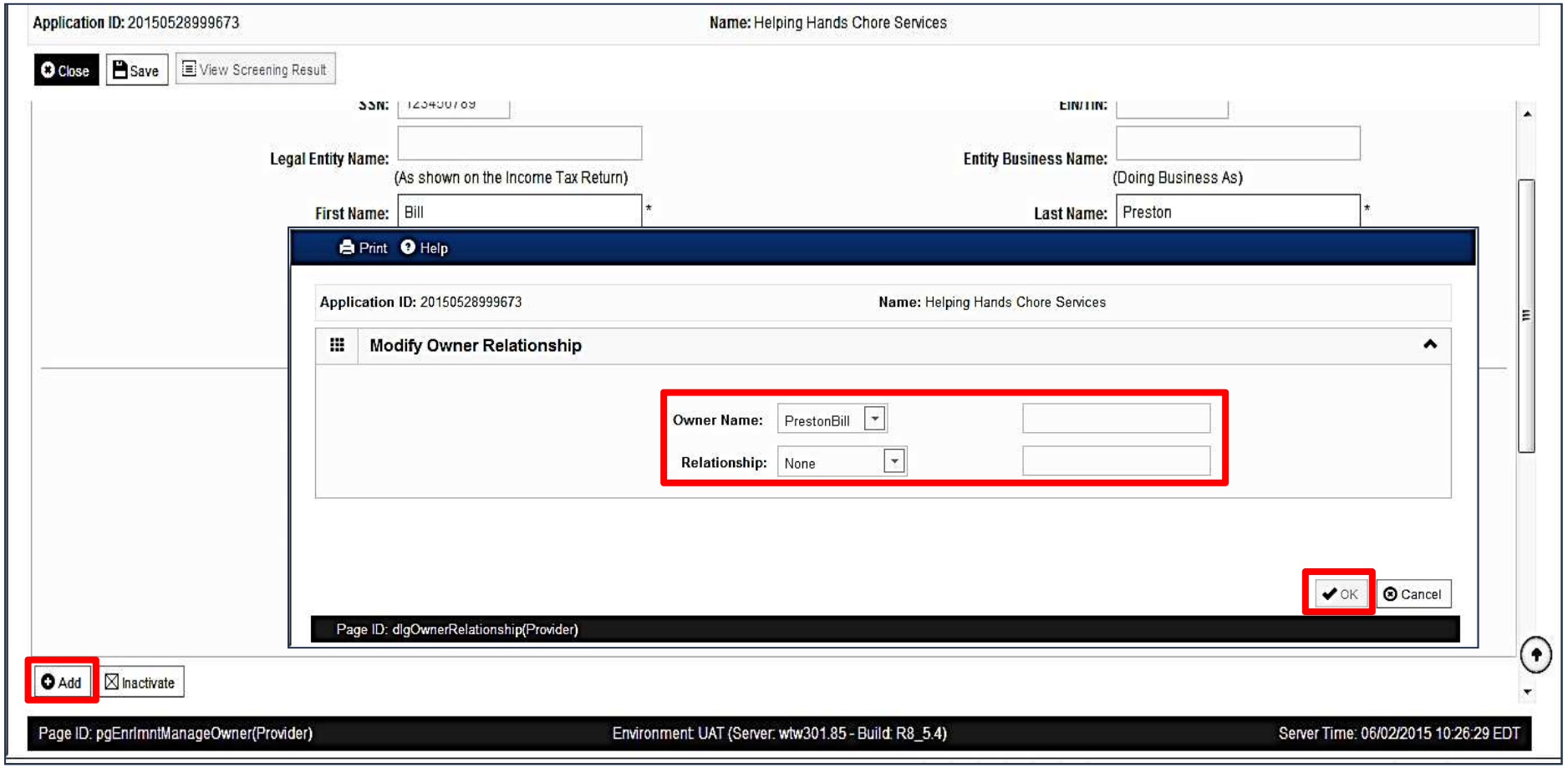


Click **Close** to go back to the **Owner's List** screen.
Click on the **BoD/Officers/Principles** SSN hyperlink (in blue).

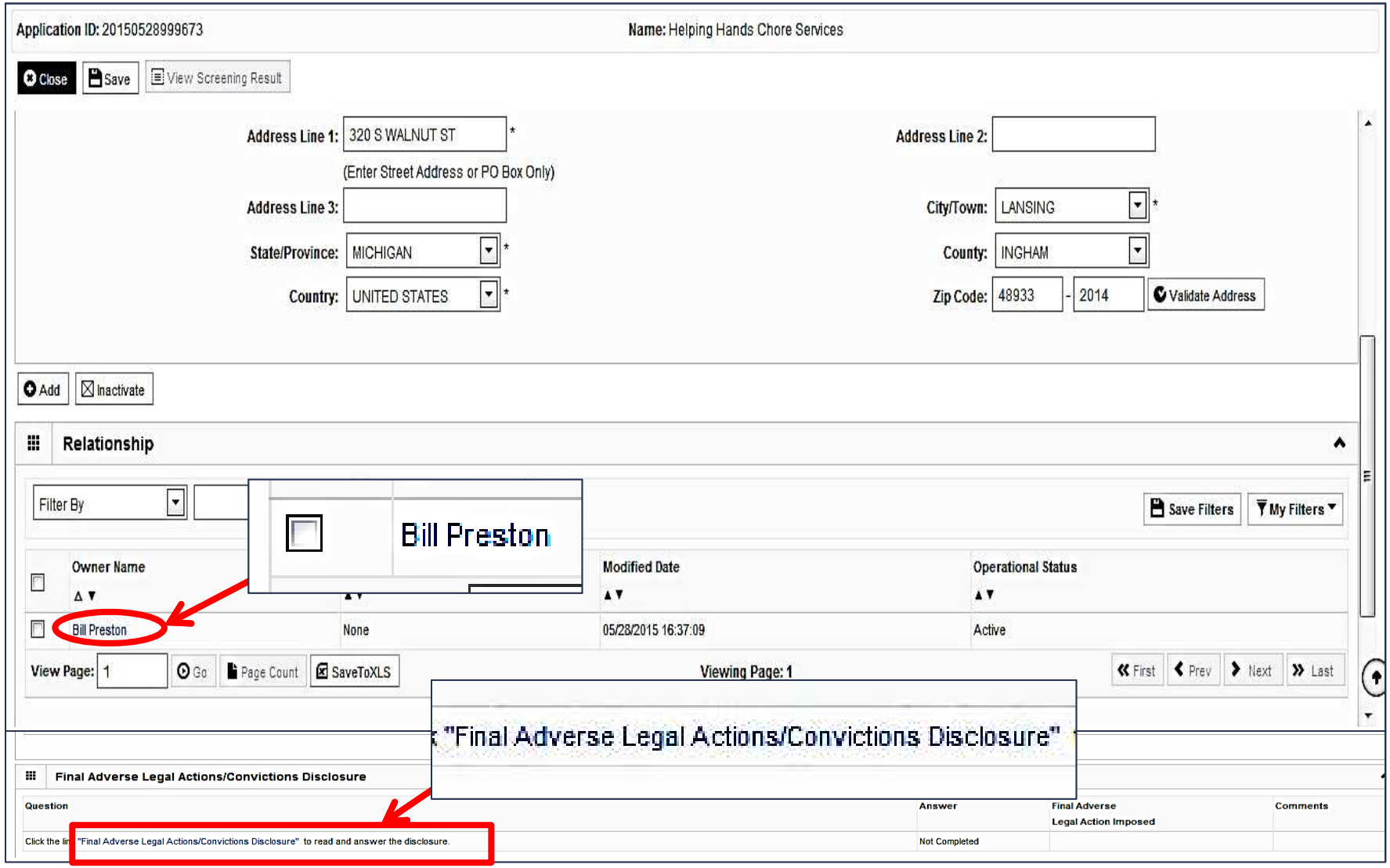


Click **Add.**
Select **Your Name** under the **Owner Name** drop down menu.
Select **None** under the **Relationship** drop down menu.
Click **OK.**

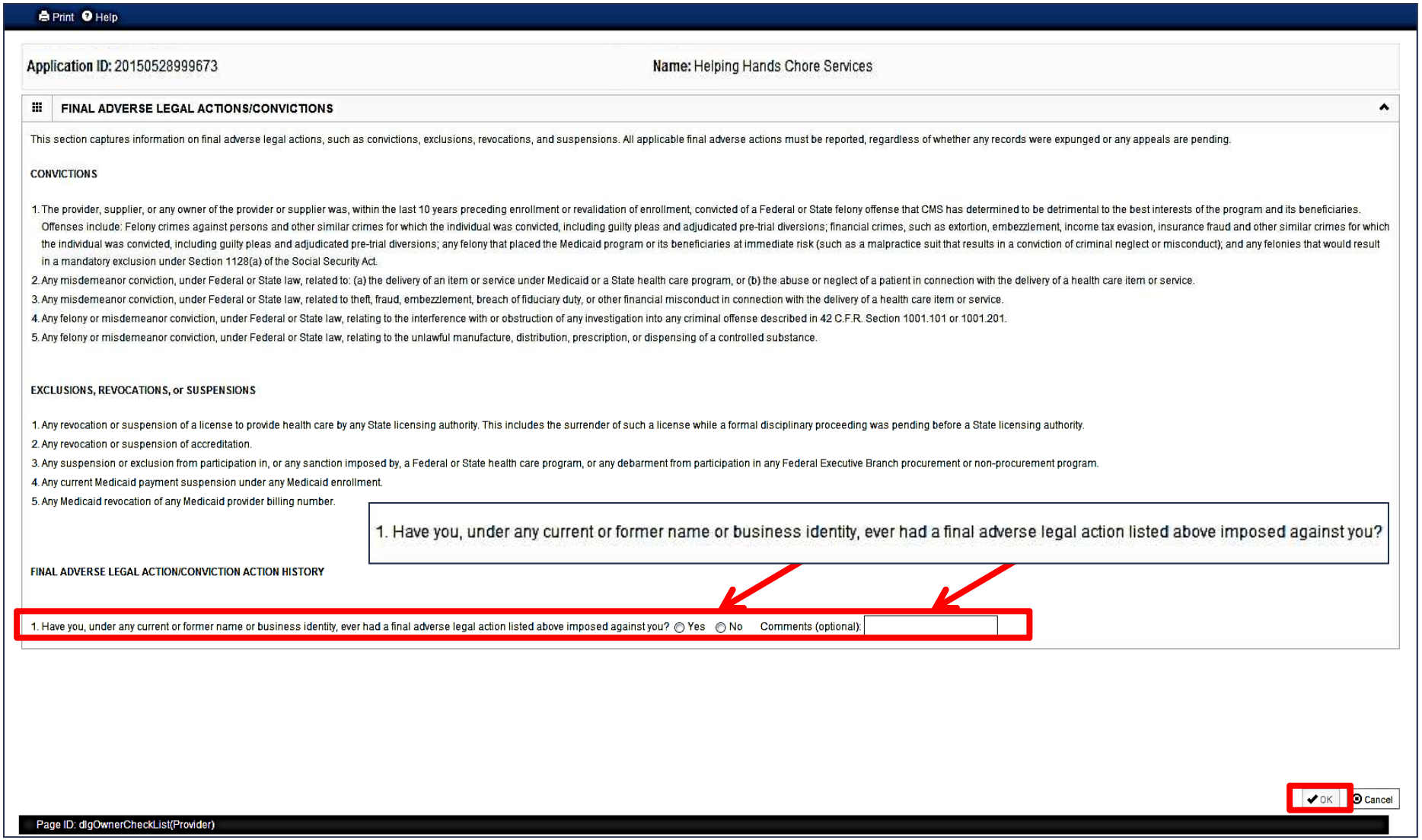
***NOTE: If more than one name is listed under **Owner Name**, you will have to repeat these steps for the other names [i.e., click **Add**, select next name in **Owner Name**, choose the relationship].



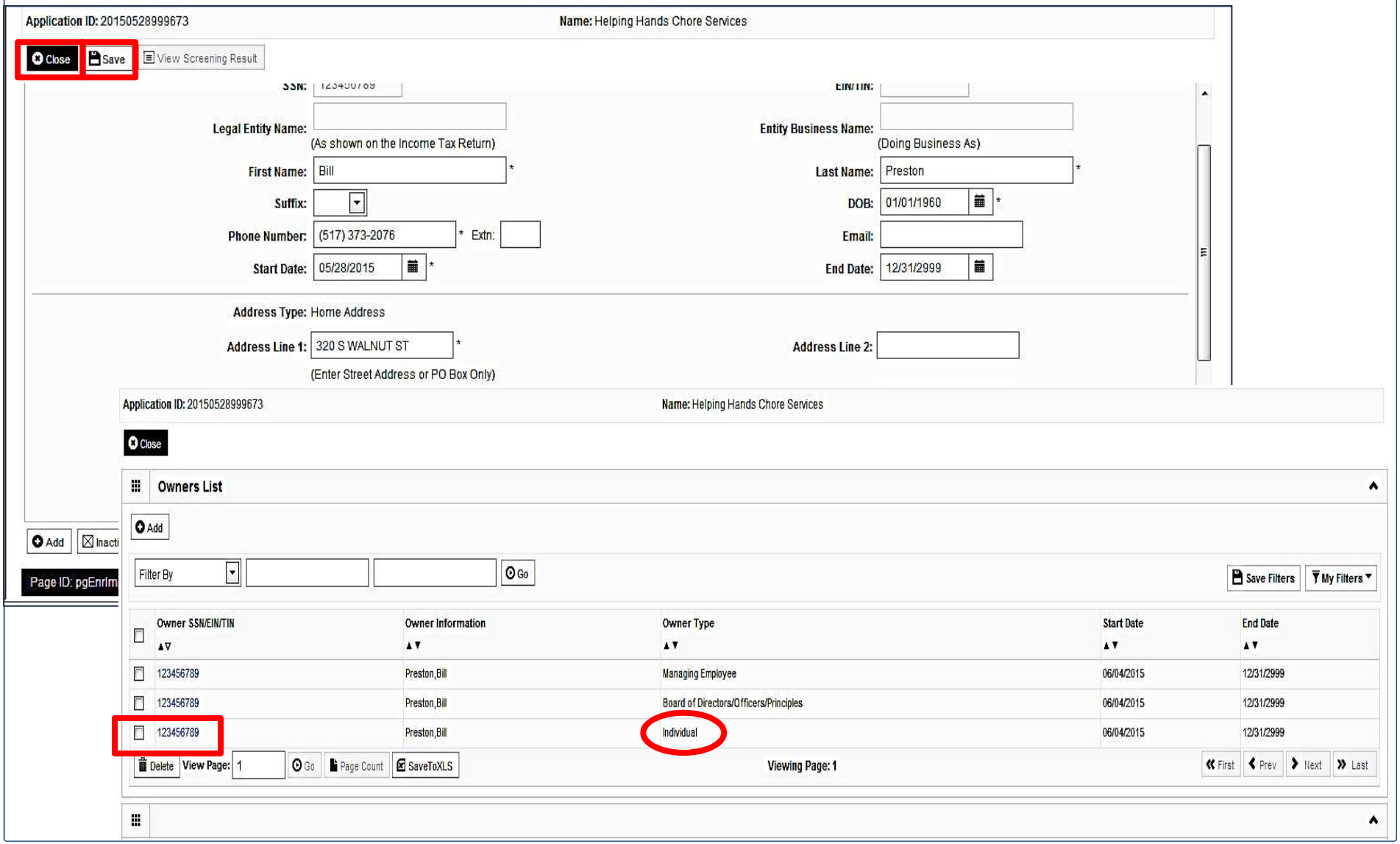
Your name will be added to the **Owner Name** column.
At the bottom of the page, click on the **“Final Adverse Legal Actions/Convictions Disclosure”** hyperlink.



Read the **Final Adverse Legal Actions/Convictions** statement.
Answer the question at the bottom by choosing **yes** or **no** and comment if necessary.
Click **OK.**

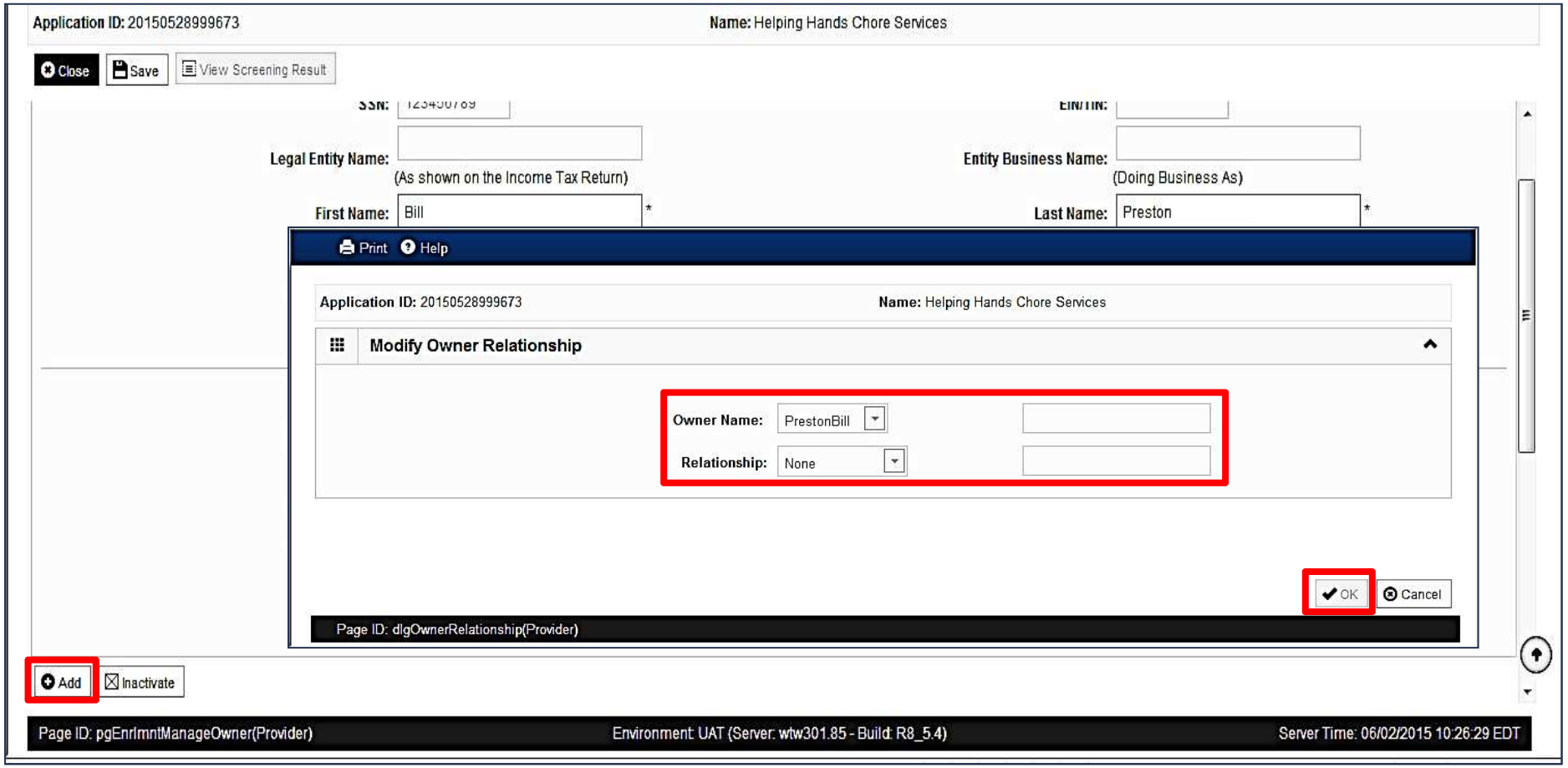


Click **Close** to go back to the **Owner's List** screen.
Click on the **Individual/Corporate** SSN hyperlink (in blue).

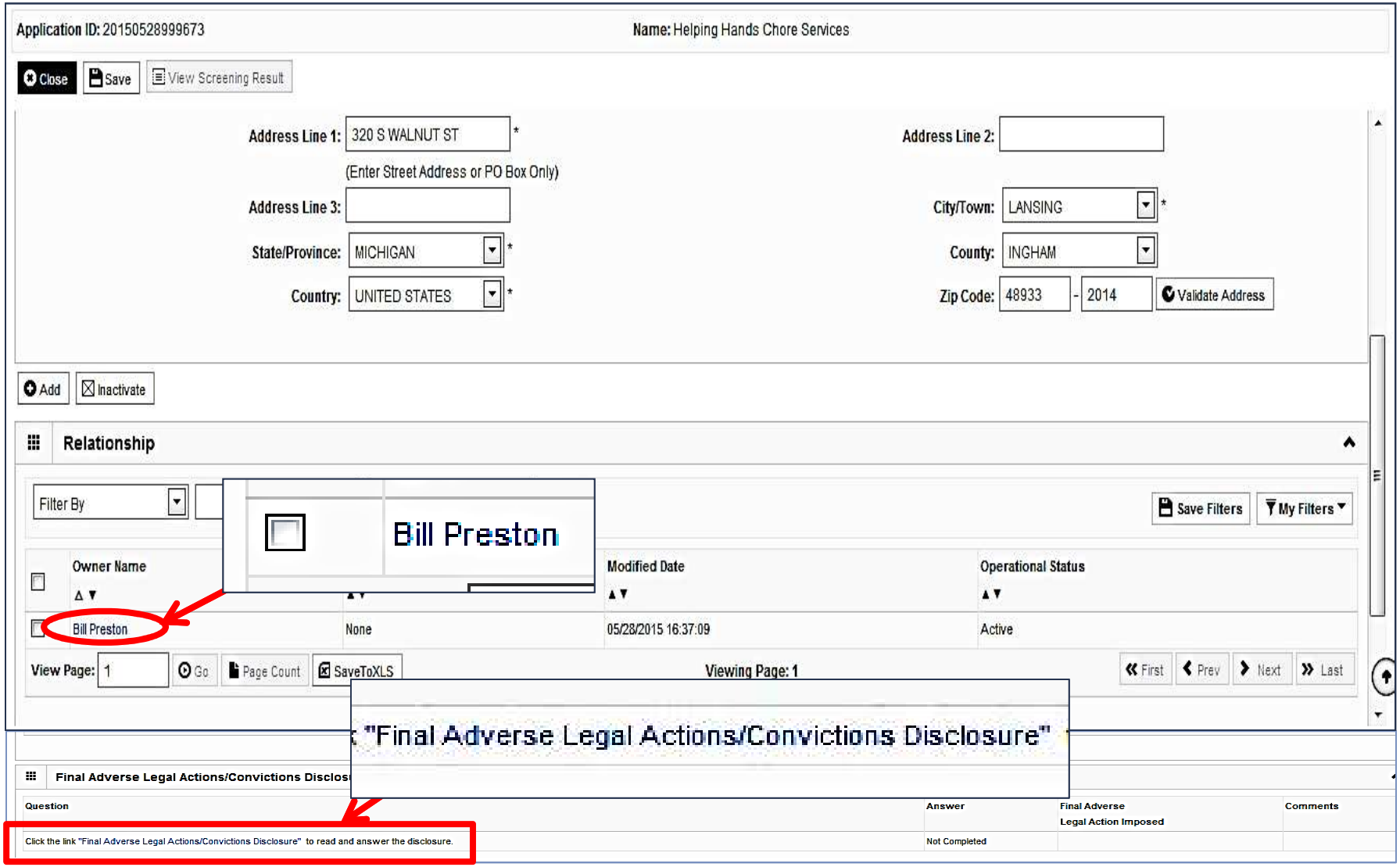


Click **Add.**
Select **Your Name** under the **Owner Name** drop down menu.
Select **None** under the **Relationship** drop down menu.
Click **OK.**

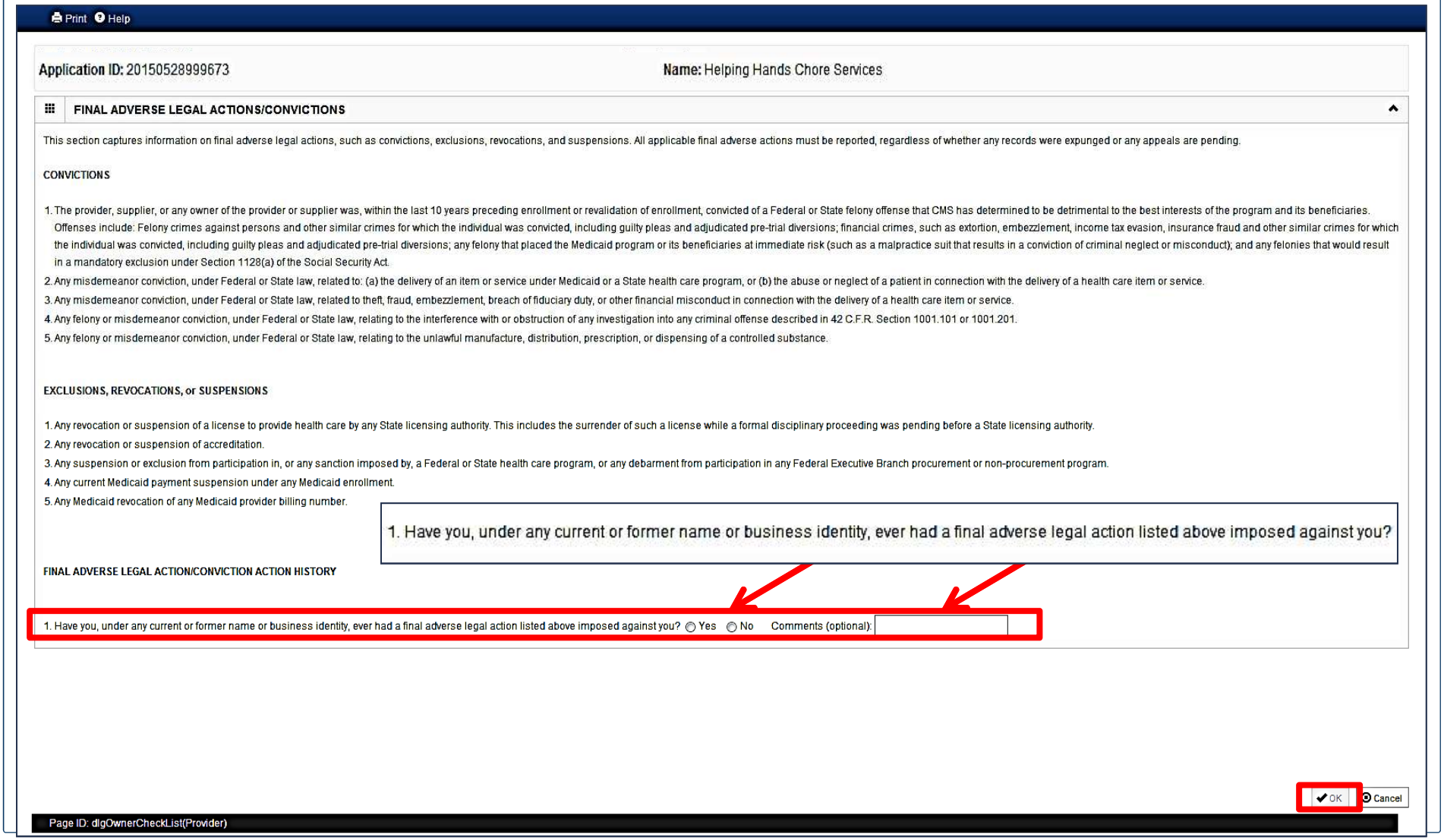
***NOTE: If more than one name is listed under **Owner Name**, you will have to repeat these steps for the other names [i.e., click **Add**, select next name in **Owner Name**, choose the relationship].



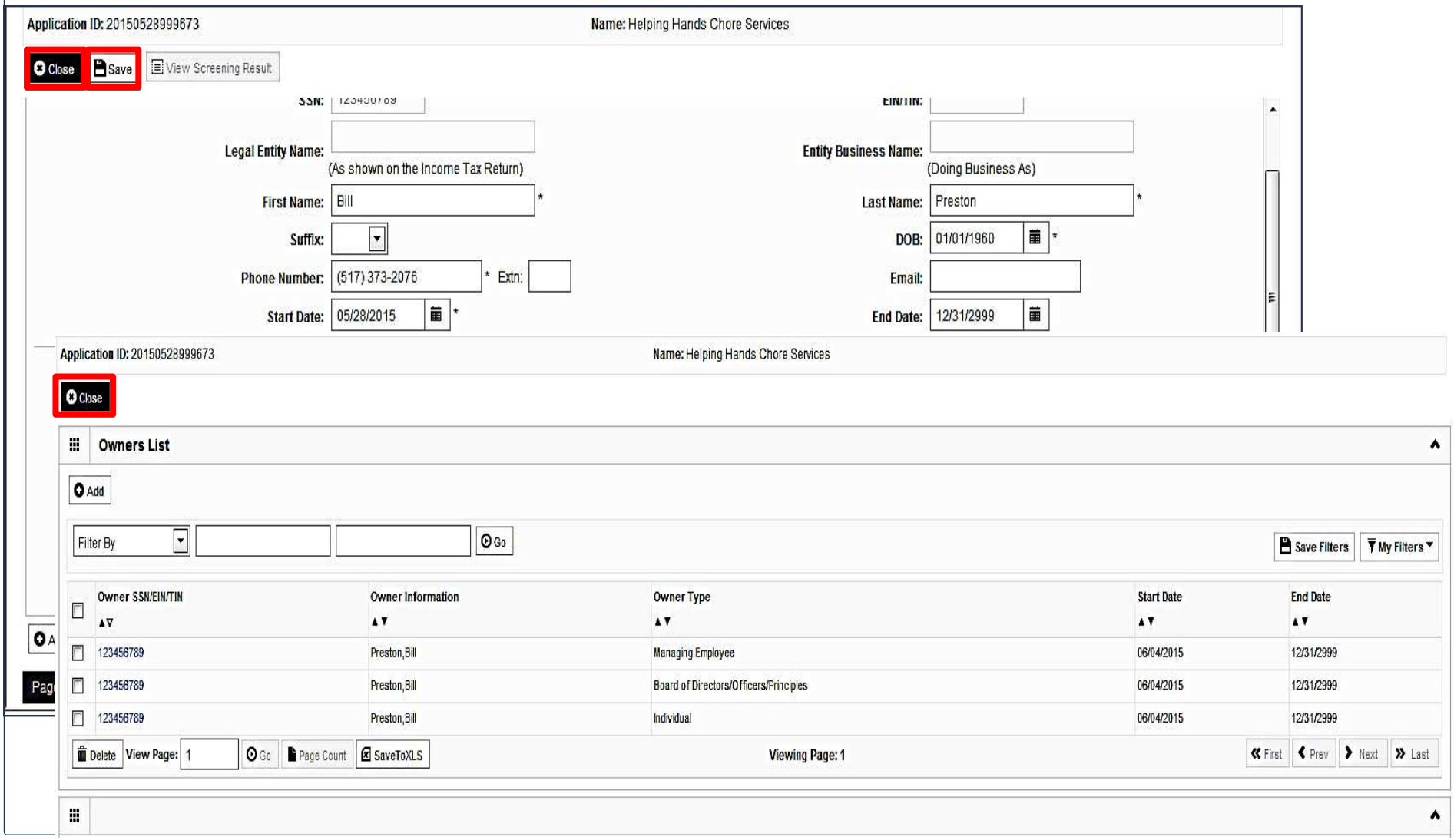
Your name will be added to the **Owner Name** column.
At the bottom of the page, click on the **“Final Adverse Legal Actions/Convictions Disclosure”** hyperlink.



Read the **Final Adverse Legal Actions/Convictions** statement.
Answer the question at the bottom by choosing **yes** or **no** and comment if necessary.
Click **OK.**

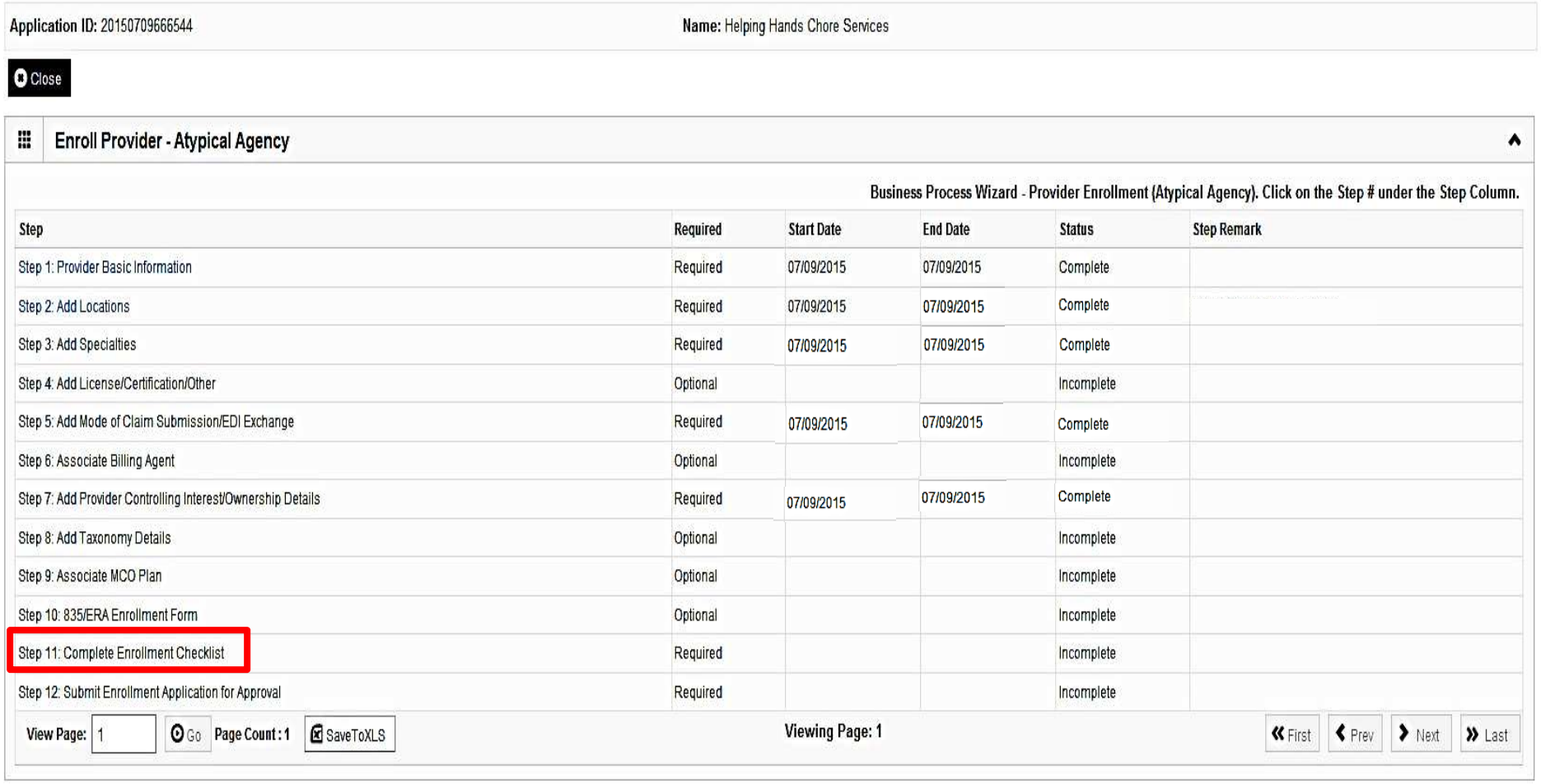


Click **Save.**
Click **Close.**
Click **Close.**



Steps 8-10 are optional. Most agencies do not need to complete these steps.

Click on the **Step 11: Complete Enrollment Checklist** hyperlink.



Application ID: 20150709666544 **Name:** Helping Hands Chore Services

Close

Enroll Provider - Atypical Agency

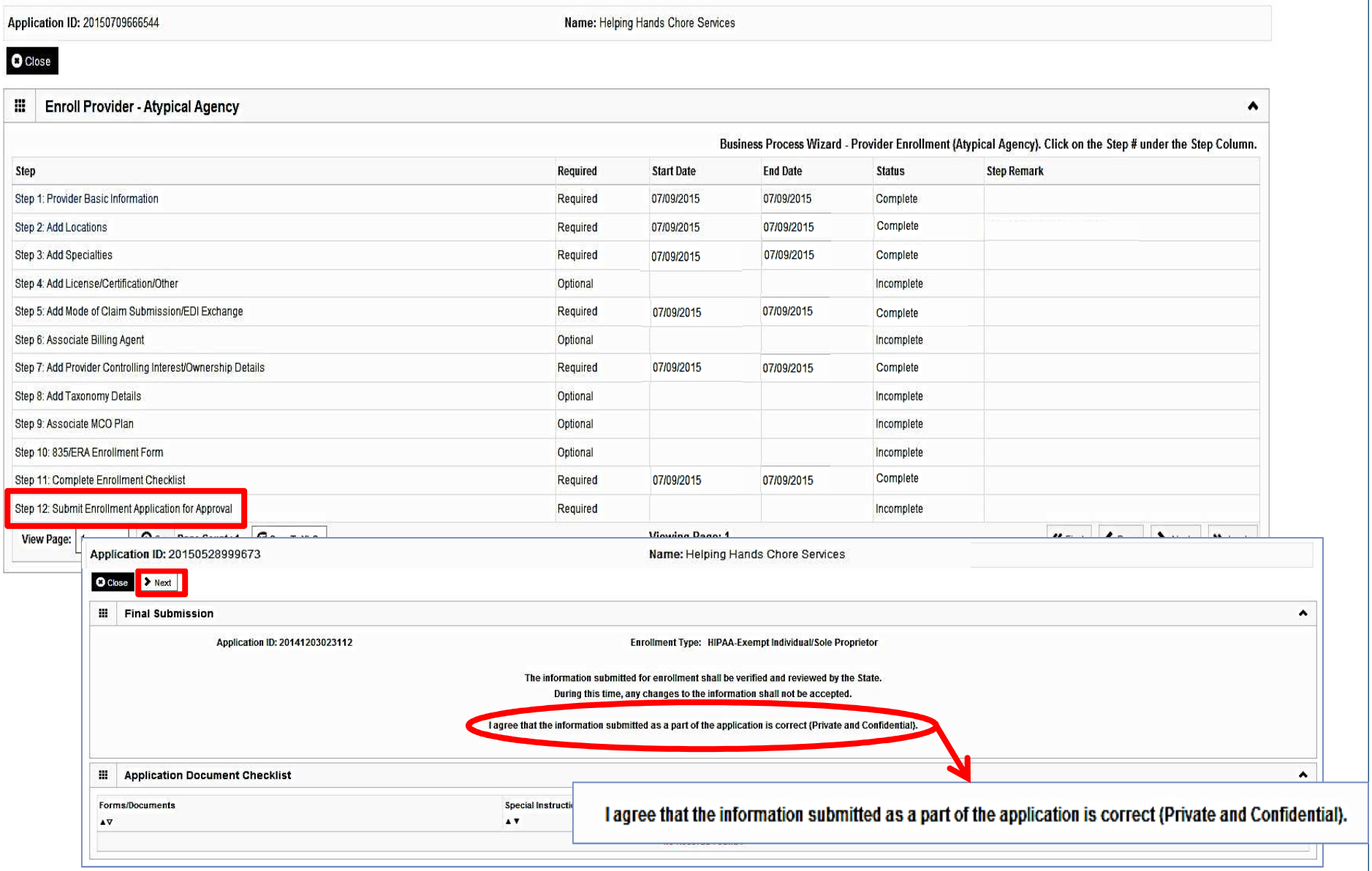
Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/09/2015	07/09/2015	Complete	
Step 2: Add Locations	Required	07/09/2015	07/09/2015	Complete	
Step 3: Add Specialties	Required	07/09/2015	07/09/2015	Complete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	07/09/2015	07/09/2015	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	07/09/2015	07/09/2015	Complete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count : 1 SaveToXLS Viewing Page: 1 First Prev Next Last

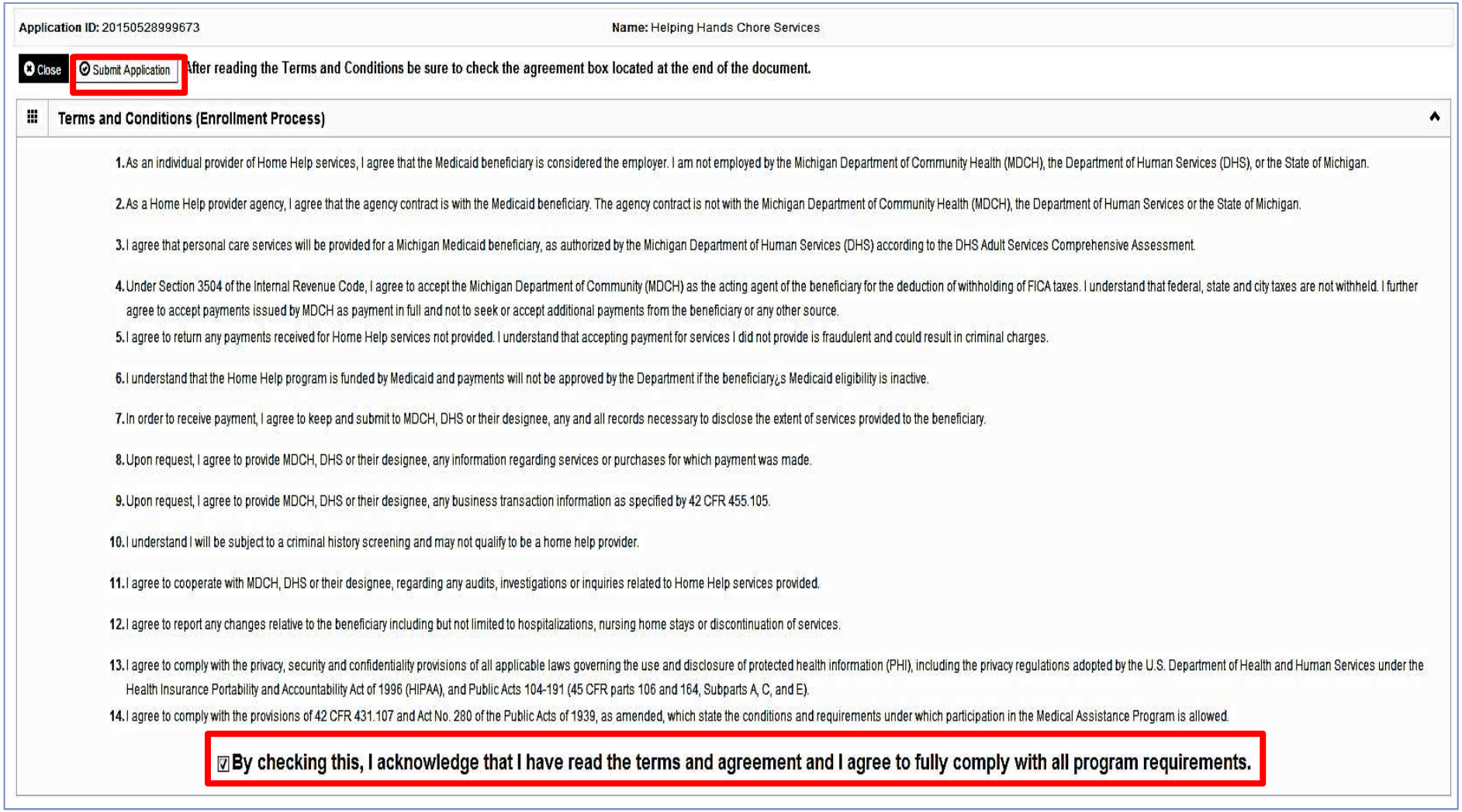
Answer the **Provider Checklist** questions by choosing **Yes** or **No** in the drop down menus of the **Answer** column.
Click **Save.**
Click **Close.**

Click on the **Step 12: Submit Enrollment Application for Approval** hyperlink.
By clicking the **Next** button, you “agree that the information submitted as a part of the application is correct (Private and Confidential)”.



Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/09/2015	07/09/2015	Complete	
Step 2: Add Locations	Required	07/09/2015	07/09/2015	Complete	
Step 3: Add Specialties	Required	07/09/2015	07/09/2015	Complete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	07/09/2015	07/09/2015	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	07/09/2015	07/09/2015	Complete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required	07/09/2015	07/09/2015	Complete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

Read the **Terms and Conditions (Enrollment Process)** statement.
Check the box at the *bottom* indicating you have read and agree to the terms.
Click **Submit Application**.



Application ID: 20150528999673 **Name:** Helping Hands Chore Services

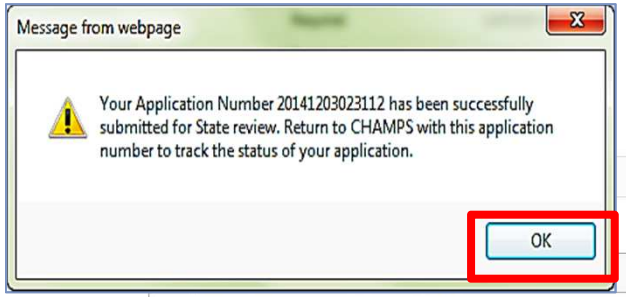
Close | Submit Application | After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

Terms and Conditions (Enrollment Process)

1. As an individual provider of Home Help services, I agree that the Medicaid beneficiary is considered the employer. I am not employed by the Michigan Department of Community Health (MDCH), the Department of Human Services (DHS), or the State of Michigan.
2. As a Home Help provider agency, I agree that the agency contract is with the Medicaid beneficiary. The agency contract is not with the Michigan Department of Community Health (MDCH), the Department of Human Services or the State of Michigan.
3. I agree that personal care services will be provided for a Michigan Medicaid beneficiary, as authorized by the Michigan Department of Human Services (DHS) according to the DHS Adult Services Comprehensive Assessment.
4. Under Section 3504 of the Internal Revenue Code, I agree to accept the Michigan Department of Community (MDCH) as the acting agent of the beneficiary for the deduction of withholding of FICA taxes. I understand that federal, state and city taxes are not withheld. I further agree to accept payments issued by MDCH as payment in full and not to seek or accept additional payments from the beneficiary or any other source.
5. I agree to return any payments received for Home Help services not provided. I understand that accepting payment for services I did not provide is fraudulent and could result in criminal charges.
6. I understand that the Home Help program is funded by Medicaid and payments will not be approved by the Department if the beneficiary¿s Medicaid eligibility is inactive.
7. In order to receive payment, I agree to keep and submit to MDCH, DHS or their designee, any and all records necessary to disclose the extent of services provided to the beneficiary.
8. Upon request, I agree to provide MDCH, DHS or their designee, any information regarding services or purchases for which payment was made.
9. Upon request, I agree to provide MDCH, DHS or their designee, any business transaction information as specified by 42 CFR 455.105.
10. I understand I will be subject to a criminal history screening and may not qualify to be a home help provider.
11. I agree to cooperate with MDCH, DHS or their designee, regarding any audits, investigations or inquiries related to Home Help services provided.
12. I agree to report any changes relative to the beneficiary including but not limited to hospitalizations, nursing home stays or discontinuation of services.
13. I agree to comply with the privacy, security and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI), including the privacy regulations adopted by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Public Acts 104-191 (45 CFR parts 106 and 164, Subparts A, C, and E).
14. I agree to comply with the provisions of 42 CFR 431.107 and Act No. 280 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.

☑ **By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.**

Click **OK** in the textbox that will pop up.
You will be sent back to the **Enroll Provider** page.
Click **Close**.
This will return you to the CHAMPS home page.

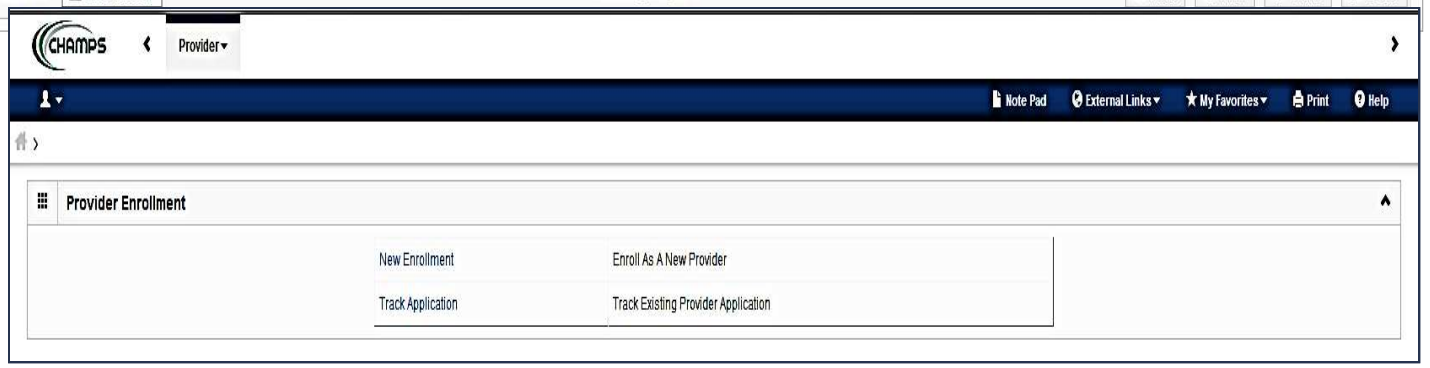


Name: Helping Hands Chore Services

Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/09/2015	07/09/2015	Complete	
Step 2: Add Locations	Required	07/09/2015	07/09/2015	Complete	
Step 3: Add Specialties	Required	07/09/2015	07/09/2015	Complete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	07/09/2015	07/09/2015	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	07/09/2015	07/09/2015	Complete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required	07/09/2015	07/09/2015	Complete	
Step 12: Submit Enrollment Application for Approval	Required	07/09/2015	07/09/2015	Complete	

View Page: 1 Go Page Count : 1 SaveToXLS Viewing Page: 1 First Prev Next Last



Tracking Your Application

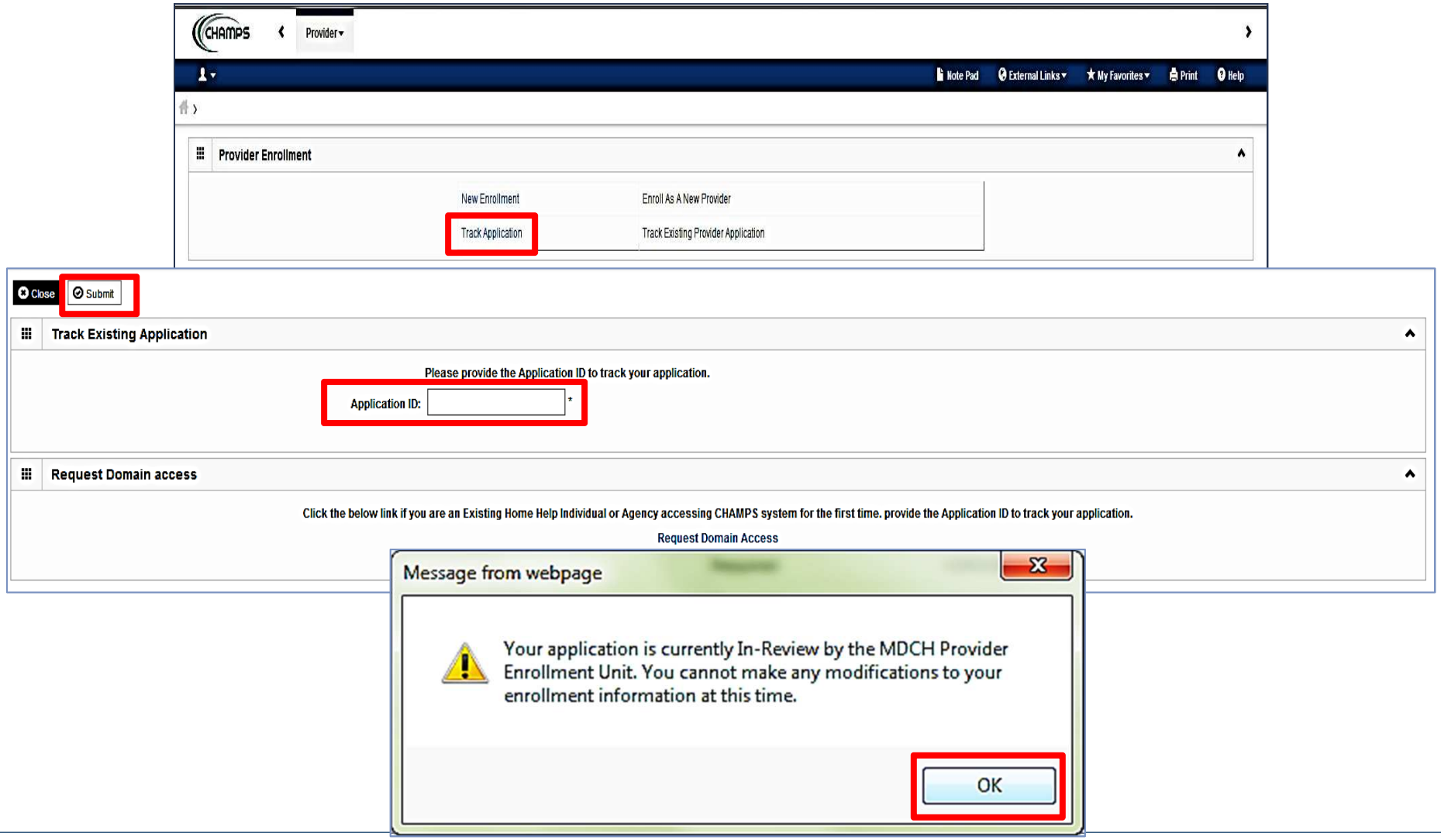
How to Verify the Status of Your Application

If you would like to check the status of your application, you can do so from the CHAMPS homepage:

On the home page, click the **Track Application** hyperlink (in blue)**.**

Enter your Application ID number. Click **Submit**.

A text box will pop up with a statement about the status of your application. Click **OK.**



Provider Resources

- Home Help Provider Support Hotline: 1-800-979-4662
- Home Help Provider Support Email: ProviderSupport@Michigan.gov
- Home Help Provider FAQ document: Go to Michigan.gov/homehelp and click on the Home Help Frequently Asked Questions (FAQs) link under the Additional Home Help Resources heading